

### Request for Time Off

Name: \_\_\_\_\_ Date request submitted: \_\_\_\_\_

Date(s) requested: \_\_\_\_\_

Day/Date of return to work: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Reason if disapproved: \_\_\_\_\_

Record approved request on calendar, file this approved form.