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|  | Request for Use of Vacation  Time or Personal Days |  |  |
|  |  | |  |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Please complete and submit this form to your Provider/Office Manager. | | | | | | | |  |  |  | | | | | | Request Date |  | Employee Name (First and Last Name) | | | | | |  | | |  |  | | | | Office Title | | |  | Vacation Time/Personal Time Earned | | | |  | - |  |  |  | | | | Please fill in the dates you are requesting off | | |  | Day you plan to return to the office | | | |  | | | | |  |  | | Employee Signature | | |  |  |  | Date | |  | | |  |  |  |  | | Provider/Office Manager to Fill in Below | | | | | | | |  | | | | | | | |  | | |  |  | | | | Approved or Not Approved | | |  | Total Amount of Days/ Hours Requested by Employee | | | |  | | | | | | | | If NOT Approved, Explain Why | | | | | | | |  | | | | |  |  | | Provider/Office Manager | | |  |  |  | Date | | |  |