



Time Off Request

Please be aware that we require a 2 week notice for non-emergency time off requests

Date Submitted

Employee Name (First and Last Name)

Please circle one of the following reasons for leave,
vacation, personal holiday, sick leave, medical, or other.

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Please fill in the dates/hours you are
requesting off

Day or time 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

