



Request For Time Off

******The agency reserves the right to deny time off based on scheduling and consumer needs. However, whenever possible, the employee's preference will be approved according to department policy.

Employee Name: _____ DATE: _____

Supervisor's Name: _____

Dates Requested Off: ____/____/____ through ____/____/____

Returning to Work On: ____/____/____

_____ I am requesting to use/be paid for _____ hours of my PT.

_____ I am requesting not to use/be paid for the requested PT.

I CERTIFY THAT I AM REQUESTING TIME OFF AS SPECIFIED ABOVE.

Enter Your Initials Here:

_____ Approved _____ Not Approved; why: _____

Employee Notified: _____

Supervisor Signature: _____