

TIME OFF REQUEST

REQUESTED BY: _____

TODAY'S DATE: _____

DATE(S) REQUESTED: _____

HOURS REQUESTED: All Day _____
Hours _____

REASON FOR REQUEST:

APPROVED BY: _____
MANAGEMENT SIGNATURE

ALL REQUESTS FOR TIME OFF MUST BE MADE AT LEAST TWO WEEKS IN ADVANCE. APPROVAL MUST BE OBTAINED BEFORE ANY APPOINTMENTS OR SHIFTS WILL BE RESCHEDULED.

WHITE COPY – PERSONNEL FILE YELLOW COPY – FRONT DESK
PINK COPY – STAFF MEMBER

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