**EMPLOYEE TIME-OFF REQUEST FORM**

**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