

Staff Time Off Request

Name: _____ Request Date/Time: _____

Request For:

() Sick or Dr. Appointment () Unpaid Personal Leave

() PTO () Other _____

Beginning Date: _____ Ending Date: _____

Starting Time: _____ Ending Time: _____ Total Hours: _____

Request By: _____ Date: _____

Approve By: _____ Date: _____

Staff Time Off Request

Name: _____ Request Date/Time: _____

Request For:

() Sick or Dr. Appointment () Unpaid Personal Leave

() PTO () Other _____

Beginning Date: _____ Ending Date: _____

Starting Time: _____ Ending Time: _____ Total Hours: _____

Request By: _____ Date: _____

Approve By: _____ Date: _____