

All About Kids

TIME OFF REQUEST FORM

Employee: _____

I'm formally requesting that I be given the following day(s) or hours off:

Full Day(s): _____

Partial Day on _____ Hours Off : _____

Reason: _____

I would like to use _____ hours of PTO (if they are available.)

I understand that I am not guaranteed to get the day(s) off that I have requested. I also understand that the approval or disapproval of my request will be based on the needs of the company and whether or not the ratio(s) can be covered.

Requests must be submitted in writing, at a minimum, of at least 1 week in advance of the requested day(s) off to not receive attendance points.

Employee Signature

Date:

Please allow 48 hours for management's decision.

Office Use Only

Length of Notice: _____

Approved

Denied

Comments: _____

Management Signature

Date

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