



# Employee Time off Request Form

Date Submitted: \_\_\_\_\_

From: \_\_\_\_\_

I would like to request the following days off work: *(Maximum total 9 days of paid/unpaid time)*

\_\_\_\_\_

I will be returning to work on: \_\_\_\_\_

Signature of Employee Requesting Time-off

Date:

**Trading Shifts:** By trading shifts you are responsible to report for the shift and perform all responsibilities assigned to it. Normal call-off procedures apply.

Shift	Person filling the shift:

\*\*Signature of Staff covering the shift(s)

Date:

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Reason why, if not approved:

Signature of Supervisor

*\*"An employee requesting eight or less hours of vacation time (will) be required to get approval from an immediate supervisor at least 24 hours in advance. An employee requesting more than nine hours of vacation time (will) be required to get approval from an immediate supervisor at least one month in advance of the expected vacation date. Approved vacation time may be delayed due to unforeseen circumstances." Life Center, Inc. "Vacation Days" policy, pg. 42 no. 9-12*