

# TIME OFF REQUEST FORM

**Employee Name:** \_\_\_\_\_

**Dates Requested From:** \_\_\_\_\_ **Returning** \_\_\_\_\_

**Clients Affected:** \_\_\_\_\_ **Days of Week & Service Times:**

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**Approved by** \_\_\_\_\_

**Who will notify Clients?** \_\_\_\_\_

**Client special needs, if any:** \_\_\_\_\_

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\* Vacation & Time-Off Requests MUST have office approval. Minimum 30 days notice for any and all vacation time. Form must be signed by Scheduling Department for submission to Payroll.