



Time Off Request Form

Employee Name: _____ Office: _____

From (date): _____ To (date): _____

Reason for Request:

Vacation Time

Personal Time Off (PTO)

Short-Term Disability/IP
Physician's note certifying inability to
perform job responsibilities must be attached

Other (see comments below)

Comments:

Employee Signature

Date

Approved by Supervisor: _____ Date: _____