

# STAFF DAY OFF REQUEST FORM

*This form **MUST** be completed and turned in two (2) weeks prior to requested day off to be considered by office.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Individual you work with: \_\_\_\_\_

Date(s) Requesting Off:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date you will return to work: \_\_\_\_\_

Reason for request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request given to: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
OFFICE USE ONLY

APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

Approved/Disapproved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_