

## Time Off Request Form

Name \_\_\_\_\_ Position \_\_\_\_\_

Client Name \_\_\_\_\_

**Reason for Time Off:**

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

**Date(s) of Time Off:** \_\_\_\_\_

**Total Days Off:** \_\_\_\_\_ With Pay (if PTO is accrued)      Without Pay

Comments: \_\_\_\_\_  
\_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

(Client signature required)

Approved by: \_\_\_\_\_ Date \_\_\_\_\_