

Time-Off Request Form

Requests for time off must be submitted to Greg via this form two business weeks prior to the date(s) of the time off. Time-off request forms will be returned to the staff person requesting time off with a response of either "approved" or "not approved".

Staff name: _____ Date: _____

Date(s) of requested time off:

Date received by Supervisor: _____

Approved ☐

Not Approved ☐

Comments: _____
