

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 _____