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|  | Request for use of holiday  Time or personal days |  |  |
|  |  | |  |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Please complete and submit this form to your Provider/Office Manager. | | | | | | | |  |  |  | | | | | | Request date |  | Employee name (First and Surname) | | | | | |  | | |  |  | | | | Office title | | |  | Vacation time/Personal time earned | | | |  | - |  |  |  | | | | Please fill in the dates you are requesting off | | |  | Day you plan to return to the office | | | |  | | | | |  |  | | Employee signature | | |  |  |  | Date | |  | | |  |  |  |  | | Provider/Office Manager to fill in below | | | | | | | |  | | | | | | | |  | | |  |  | | | | Approved or not approved | | |  | Total number of days/ Hours requested by employee | | | |  | | | | | | | | If NOT Approved, explain why | | | | | | | |  | | | | |  |  | | Provider/Office Manager | | |  |  |  | Date | | |  |