

TIME-OFF REQUEST

Name:	Date:
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Please write in the specific week, day(s), or hours you are requesting off. Submit one request for each event (time, day, or block of days) Example: 7/8/12 1-3pm OR 7/15/12 OR 7/31-8/2/12

Reason:

To be completed by office staff

Date received in office:

Request Denied Due To:	Date

Office Approved Request:	Date

Employee Notified
Documentation Completed

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