**STAFF DAY OFF REQUEST FORM**

**THIS FORM SHOULD BE COMPLETED AND TURNED IN TWO WEEKS**

**PRIOR TO REQUESTED DAY OFF TO BE CONSIDERED BY MANAGER.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME: |  |  | DATE: |  |

DATE (s) REQUESTED OFF:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| FROM  MONTH: |  |  | DATE: |  | DAY: |  |
| TO  MONTH: |  |  | DATE: |  | DAY: |  |

|  |  |
| --- | --- |
| DATE YOU WILL RETURN TO WORK: |  |

|  |
| --- |
| REASON FOR REQUEST: |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| REQUEST GIVEN TO: |  |  | DATE: |  |

OFFICE USE ONLY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| APPROVED |  |  | NOT APPROVED |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| APPROVED/DISAPPROVED BY: |  |  | DATE: |  |

COMMENTS:

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|  |