



## Time Off Request

**Please submit requests for long-term absences (more than two days), at least two weeks in advance. Otherwise, five working days is required.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Date(s) requested for absence(s):** \_\_\_\_\_ **to** \_\_\_\_\_

### Shifts To Be Covered:

<b>Date:</b>	<b>Hours:</b>	<b>Person working</b>	<b>Replacement Staff IP Trained?</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Approved:** \_\_\_\_\_

**Direct Supervisor** **Date**

**Approved:** \_\_\_\_\_

**Program Director or Executive Director**

<b>OFFICE USE ONLY</b>
<b>P.C.'s</b>
____ IP Signature?
____ PAF complete?
____ Route to Office Assistant
<b>Office Assistant:</b>
____ Copy given to Payroll/Benefits
____ Route to DAS
____ Original in File
<b>DAS:</b>
____ Route to Executive Director