TIME-OFF REQUEST

HELPING RESTORE ABILITY
A Non Profit Serving Texans with Disabilities

Employee Name: _____

Type of Request: ◯ Vacation ◯ Personal ◯ Other: _____

Dates & Times Requested Off

From: To:

Dates & Times Returning to Work

Reason:

For Office Use Only

◯ Approved ◯ Rejected

Comments:

Requests for time off are required at least 14 days prior to the first day you will be absent from work. Please call and check if your time off was approved.