

Stand Up, Inc.

TIME-OFF REQUEST FORM

Please complete the form below with the understanding that this is a request only. Managers will make every attempt to allow time off as requested, but some requests may not be honored due to scheduling restrictions.

Employee Name:

Type of leave requested:

Personal Time (Paid)	
Vacation Time	
Personal Time (unpaid)	

Day(s) of leave: _____

Will customer coverage be needed? Yes No

Comments:

Employee's Signature

Date

APPROVED / NOT APPROVED (circle one)

Director's Signature

Executive Director's Signature

Date

Date