

**NOTE: ALL REQUESTS SHOULD BE SUBMITTED AT LEAST TWO WEEKS IN ADVANCE. PLEASE REFER TO YOUR SUPERVISOR FOR SPECIFIC DEPARTMENT GUIDELINES.**

# **HEATH VILLAGE**

## **REQUEST FOR TIME OFF**

EMPLOYEE: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

REQUESTED DAY (DAYS) OFF: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

Please Check

DATE: \_\_\_\_\_

NOT APPROVED: \_\_\_\_\_

REASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR SIGNATURE