

TIME OFF REQUEST - ASSOCIATE

You must complete and submit requests for time off to your supervisor, other than sick leave, one (1) week prior to the start date of your requested time off. Time off is subject to management approval and anticipated work flow needs.

Employee Name: _____

| DATE <i>(mm/dd/yy)</i> | Day <i>(e.g. Monday)</i> | Time Off Start <i>(e.g. 8:00 AM)</i> | Time Off End <i>(e.g. 4:00 PM)</i> | # OF HOURS |
|----------------------------------|------------------------------------|--|--|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | TOTAL |

Type of Leave Requested:

- Vacation Sick Leave Personal Jury Duty
 Other *(please explain)* _____

Employee Signature: _____ Date Submitted: _____

Date: _____ Request Approved Request Denied - Reason for denial: _____
 Excused Unexcused Replacement Needed? Yes No

Date: _____ Request Approved Request Denied - Reason for denial: _____
 Excused Unexcused Replacement Needed? Yes No

Date: _____ Request Approved Request Denied - Reason for denial: _____
 Excused Unexcused Replacement Needed? Yes No

Client Signature: _____ Sedona Rep Signature: _____
(when required)

Client Print Name: _____ Sedona Rep Print Name: _____
(when required)

