



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 (mm/dd/yy)	Day (e.g. Monday)	Time Off Start (e.g. 8:00 AM)	Time Off End (e.g. 4:00 PM)	# 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: _____

Client Print Name: _____

Sedona Rep Print Name: _____