

TIME OFF REQUEST

I, _____, am requesting time off

The first day I will need off is on: _____

I will return to work on: _____

My regular scheduled shift(s) is(are): _____

I work with the client(s): _____

Date submitted/mailed to ACBS: _____

Employee Signature: _____

Date receive by ACBS: _____

Staff Coordinator Signature: _____