



TIME OFF REQUEST FORM

***NOTE: This form must be completed and returned to MILS
2 weeks before the requested time off date.***

Today's Date: _____

Employee Name: _____

Phone Number: _____

I request the following days and/or times off:

Date(s)	Time To	Time From	Name of Client Needing Coverage	Shift Needing Coverage
<i>Sample 4/8/2019</i>	<i>8:00am</i>	<i>5:00pm</i>	<i>John Doe</i>	<i>8:00am-12:00pm</i>

Explanation/Comments:

Request Approved: Yes No

Approval Signature: _____

Date: _____