

Appendix 5

Time Off Request



Beautiful dentistry, comfortably done.®

Vacation Request

Employee Name: _____

Today's Date: _____

(Minimum two week notice required for vacation days)

Date(s) Requested: _____

Reason: _____

All requests must be approved by the dentist or office manager.

Employee Signature: _____

Authorization: _____

Dr. Alex Rodriguez

I WISH TO USE _____ NUMBER OF VACATION
DAYS FOR THIS ABSENCE (if available)