123
CHILD DEVELOMENT CENTER

123 Child Development Center

Time off Request

Today's Date: _____

Employee's Name: _____

Dates Requesting off: _____

Reason:

_____

_____

_____

_____

Approved: _____ Not approved: _____

Employee's signature: _____

Director's signature: _____

Please be aware that time off requests are to be submited 3-4 weeks in advance. Time off is not guaranteed.

Two staff members in the same work area can not take time off at the same time.

Thank you!