

# Time Off Request Form

Completed form must be turned in one week prior to requested time off.

\_\_\_\_\_ Office                      \_\_\_\_\_ SGL                      \_\_\_\_\_ SLS

Name: \_\_\_\_\_

Vacation hours available: \_\_\_\_\_ Vacation hours requested: \_\_\_\_\_

**Please Note: This form should be used to request supervisor approval for time off. IF the requested time off is approved by your supervisor, you must enter these shifts into the Accel system via the phone or the web for the shifts to be paid. Please remember that paid time off (PTO) can be entered in the Accel system as soon as the requested time off is approved. You do not have to wait until the day of the shift to report PTO. You can also enter PTO within 24 hours of the end of the shift.**

**PTO should be reported to your Network Admin customer using task code 0099.**

## Requested Days/Shifts Off (List shifts individually)

## Substitutes (Required for all direct service shifts)

_____	_____	_____
	Signature	Date
_____	_____	_____
	Signature	Date
_____	_____	_____
	Signature	Date
_____	_____	_____
	Signature	Date

\_\_\_\_\_  
Signature Date

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ (Reason for denial must be listed below)

Reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature Date

\*Send to Human Resources for personnel file\*