



Request for Time Off

Employee Name: _____ Date Request Submitted: _____

Requested dates of absence: _____ to _____ Total hours: _____

Coverage (substitute) Necessary: Yes _____ No _____

If coverage is necessary, please indicate what type of coverage is required and what is expected of "float" personnel:

Approved by Physician / Supervisor: _____
Signature

-----Do not fill in below this line-----

Date request received by Midlakes: _____

Approved: _____ Date Approved: _____

Denied: _____ Date Denied: _____

Reason for denial: _____

Date response sent to employee: _____ Signature: _____