**Request for Time Off**

Staff’s Name: Date: 20

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | House | Start Time | End Time | Total Hours | Yes | No | Filled By |
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Please Read This

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| - This form must be received by the scheduling coordinators ***7 Business Days Prior*** to the time requested off for this form to be processed.- Time off requested should be a minimum of three hours.- Once this form is received by the scheduling coordinator it will be date stamped.- **YOU** will need to call a scheduling coordinator ***3 Business Days Prior*** to your scheduled time off to verbally confirm that it has been filled. |

**By signing this form I understand that if my position cannot be filled I may be asked to cancel this time off which was requested.**

Staff’s Signature: Date:

Scheduling Coordinator’s: Date:

Signature

Request for Time Off Verified: **☐** Date: