

NOTE: ALL REQUESTS SHOULD BE SUBMITTED AT LEAST TWO WEEKS IN ADVANCE. PLEASE REFER TO YOUR SUPERVISOR FOR SPECIFIC DEPARTMENT GUIDELINES.

CANTERBURY VILLAGE

REQUEST FOR TIME OFF

EMPLOYEE: _____ DATE SUBMITTED: _____

REQUESTED DAY (DAYS) OFF: _____

EMPLOYEE SIGNATURE

DATE: _____

APPROVED: _____

Please Check

DATE: _____

NOT APPROVED: _____

REASON: _____

SUPERVISOR SIGNATURE