



**PrendergastLibrary**  
Focusing on Your Future.

## Time Off Request Form

Name: \_\_\_\_\_ Dates Requested: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Returning: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total number requested: \_\_\_\_\_ days

Time taken to be (circle): Vacation Sick Personal Other \_\_\_\_\_

\_\_\_\_\_  
Date  
Signature of Employee

**Approval:** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Supervisor

Note: \_\_\_\_\_  
\_\_\_\_\_



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