Outlook	☐
Employee	☐
HR	☐
Athena	☐

TIME OFF REQUEST

☐ Paid Time-Off ☐ Unpaid Time-Off ☐ Education/Training

Employee's Printed Name _____ **Department & Provider if applicable** _____

Requesting Less Than One Full Day _____ **Date** _____ **Number of Hours** _____ **Provider In or Out?** _____

Requested Scheduled Date(s) Off _____ **Total Number of Hours Requested Off** _____

Last Day Available to Work _____ **First Day Available to Return to Work** _____

Employee Signature _____ **Date** _____

Meets Deadline: ☐ Yes ☐ No
Employed at least 90 days: ☐ Yes ☐ No

All Requests Must Be Submitted at least two (2) weeks in advance of requested date(s) off when possible. Please attempt to submit all planned PTO requests four (4) weeks in advance for scheduling purposes.

☐ Approved ☐ Denied

Comments: _____

Supervisor/Manager Signature _____ **Date** _____

Please note that any approved employee "accrued" time-off must first be used prior to any unpaid time off requests being considered/approved and always at management's discretion as the needs of the clinic must first be considered.

TRADING SHIFTS

EXCHANGES CANNOT CREATE OVERTIME. Must occur during the same workweek. Sat – Fri unless approved prior by manager/supervisor.

Employee #1 Printed Name _____ **Department** _____ **Initials** _____

Date of Reg Scheduled Shift _____ **Date Traded For** _____

Employee #2 Printed Name _____ **Department** _____ **Initials** _____

Date of Reg Scheduled Shift _____ **Date Traded For** _____

Supervisor/Manager Signature _____ **Date** _____