



## TIME OFF REQUEST FORM

Your request for time off/modified schedule must be submitted and approved by The Choice in advance.

### EMPLOYEE INFORMATION

NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

REQUESTING (Please highlight or circle): LATE ARRIVAL, EARLY DISMISSAL, DAY(S) OFF  
If requesting late arrival or early dismissal, please specify exact hours of request: \_\_\_\_\_

STARTING ON: \_\_\_\_\_

ENDING ON: \_\_\_\_\_

I WILL RETURN TO WORK ON: \_\_\_\_\_

### TYPE OF REQUEST

VACATION

MILITARY LEAVE

PERSONAL LEAVE

FAMILY AND MEDICAL

BEREAVEMENT

SICK TIME

JURY DUTY

OTHER

### EMPLOYEE CERTIFICATION

I understand that time away from work is subject to The Choice Inc.'s policies and on-site supervisor approval

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPROVAL

[Office Use Only]

APPROVED:  YES  NO

The Choice Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Approved:  YES  NO Date: \_\_\_\_\_

Payroll Weekending Date: \_\_\_\_\_

Send completed form to London Doby, Jr. at: [hr@thechoiceinc.com](mailto:hr@thechoiceinc.com)