

**MEDISCAN
VACATION AND/OR TIME-OFF REQUEST FORM**

NAME: _____

TODAY'S DATE: _____

POSITION: _____

DATES REQUESTED OFF: FROM _____ TO _____

RETURNING BACK TO WORK ON: _____

REASON FOR TIME OFF (i.e Vacation, Medical appointment, Bereavement, Jury Duty)
Explain: _____

Employee Signature

Date Signed

MANAGEMENT APPROVAL

Manager's Signature: _____

Date of Approval: _____

Date of Denial: _____

Reason Time-Off Denied:

Notice: Human Resources must approve all Requests for Vacation and Time Off.
Managers, please forward to HR for final approval.

Human Resource Final Approval: _____

**Requests for Time-Off are to be submitted for approval at least 2 weeks prior
to the first date requested off. Please attach this to your time sheet.**