

ORTHOSYNETICS

VACATION/LEAVE OF ABSENCE REQUEST FORM

I, the undersigned employee, request the following time off:

Leave of Absence _____ Vacation _____

From _____

To _____

Total Days (Hours) _____

I understand that this request must be approved by my Office Manager.
This request is not approved until an Office Manager signs this form.

Employee's Signature

Date

Office Manager's Signature

Date

NOTE: If approved, a copy of the signed form will be given to the employee for his or her records.