



Request for Time Off/Leave

Name: _____

Today's Date: _____

Requested Dates:	Type of Time (specify vacation, personal, etc.)	Total # Hours

Explanation if necessary:

Employee signature

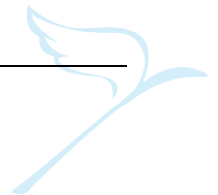
date

Supervisor's signature

date

Executive Director's signature

date



24 Hour Hotline: 617.471.1234 or 1.888.314.3683

Community Advocacy & Prevention Services P.O. Box 690267 Quincy, MA 02269 617.770.4065 www.dovema.org