



ST. ANNE'S CATHOLIC CHURCH

Time-Off Request Form

I, _____, hereby request time-off
commencing _____ through _____,
a total of _____ work hours.

Thank you for your attention to this matter.

Signature of Employee

Printed Name of Employee

Date: _____

EMPLOYER AUTHORIZATION

Request Approved: _____ Date: _____

Request Denied: *(Specify Reason)*

By: _____ Title: _____

****NOTE**** *For staff use only.*

Revised: June 8, 2015