

CULLMAN PRIMARY CARE, P.C.

TIME - OFF REQUEST

EMPLOYEE'S NAME _____ **DATE REQUESTED** _____

REASON FOR TIME OFF REQUEST:

_____ **PTO**

_____ **JURY DUTY (NOTIFICATION ATTACHED)**

_____ **BEREAVEMENT**

_____ **FMLA**

_____ **OTHER**

**EXPLANATION OF
OTHER:** _____

**DATES REQUESTED TO BE
ABSENT:** _____

**NUMBER OF WORKING DAYS YOU WILL BE
ABSENT:** _____

AUTHORIZATION OF MANAGER:

DATE:
