Boys & Girls Clubs
A good place to be

Vacation/Day off Request Form		
Staff Name:		
Today's Date:		
Room/Group/Program:	Shift:	
Day(s) Requested:		
Start Date:		
End Date:		
Return Date:		
Special Duties (please include the day it occurs): ie: swimming		
Staff Signature:		
Reason for Request:		
☐ Vacation/Day off ☐ Leave of Absence ☐ Maternity Leave ☐ Bereavement		
Approval		
Approved by: _____ Name	_____ Position _____ Date	
Coverage		
Supply Staff: _____ Name	Confirmed: _____ Date:	