



# ALL KIDS FIRST

**“ enhancing your child’s potential”**

## Time Off Request Form:

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

***Please Circle One:***

VACATION/PERSONAL/HOLIDAY/MEDICAL

OTHER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dates Request: \_\_\_\_\_

Normal Shift Hours: \_\_\_\_\_

Return Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

\_\_\_\_\_

Time Off Request Approved:      Yes      No

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Director’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_