

S.T.E.P.
Coordinator/Instructor
Time Off Request

Date: _____ Name: _____

First Day Off: _____ Last Day Off: _____ First Day Back: _____

Your Clients:

Reason for request: _____

Check One: Paid Time Off Unpaid Time Off Cash Out Vacation (# Hrs. ____)

Employee Signature: _____

Do Not Write Below This Line – Office Use Only

Approved Not Approved

Reason For Denial: _____

Supervisor's Signature: _____

Date: _____

_____ Entered Into Computer (A.G.)