



TIME OFF REQUEST FORM

Time off Request Forms must be received by MEDsearch a minimum of one-week in advance of your requested time off. In order to maintain a favorable attendance record at your assigned place of employment, we do ask that time off requests be kept to a reasonable minimum. If you want to be considered for full-time employment with our Client, time and attendance records are reviewed as a part of their hiring criteria.

Please fill out this form, print and fax to: 562-961-6933

EMPLOYEE INFORMATION

NAME:

TODAY'S DATE:

CLIENT COMPANY:

DATES OF DAYS REQUESTING OFF:

DEPARTMENT:

SUPERVISOR NAME:

I WILL RETURN TO WORK ON:

☐ **SICK LEAVE**

☐ **BEREAVEMENT LEAVE**

☐ **PERSONAL LEAVE (please explain)**

☐ **JURY DUTY**

☐ **FAMILY AND/OR MEDICAL LEAVE**

EMPLOYEE CERTIFICATION

I understand that time away from work is non paid and subject to management approval according to company policies.

Employee Signature: _____ **Date:** _____

APPROVAL

APPROVED: ☐ **YES** ☐ **NO**

MEDsearch Financial Staff Approval: _____ **Date:** _____

Printed Name: _____ **Title:** _____

***** SUBMIT TO MEDSEARCH VIA FAX: 562.961.6933 *****