OFFICE LETTERHEAD

Request for use of vacation time or personal days

Please fill out the information below, upon approval you will receive immediate notification

Today's date: _____

Employee Name: _____
First Last Name

Office title: _____

Current vacation time/ personal time earned: _____

Please fill in the dates you are requesting: ____/____/_____ - ____/____/_____

Day you plan to return to the office: ____/____/_____

_____ Date_____
Employee Signature

Dentist/Office Manager to fill in below

Total amount of days/hours requested by employee: _____

Approved/NOT Approved

If not approved, explain why: _____

_____ Date_____
Dentist/ Office Manager