METROPOLITAN COMMUNITY SERVICES

VACATION/TIME OFF REQUEST FORM

Employee Name:	**Phone #:**

Client Name (1):	Phone #:
Client Name (2):	Phone #:
Client Name (3):	Phone #:
Client Name (4):	Phone #:
Client Name (5):	Phone #:

Check One: ☐ **My shift _will_ require coverage** ☐ **My shift _will not_ require coverage**	**Check One:** ☐ **I request _____# of PTO hours** ☐ **I do not have any PTO hours available**
One Day Request: **I request a vacation day on:_____** **My alternate choice is:_____**	**More Than One Day Request:** **I request a vacation from:_____ to: _____** **My alternate choice is from:_____ to: _____**

Employee Signature:	**Date:**

☐ **Approved**   **Approved Dates:**

☐ **Denied**   **_____**

Approved By: **Date:**

Metropolitan Community Services   7900 Excelsior Blvd ▪ Suite 200 ▪ Hopkins ▪ MN 55343   952.658.8995 (P) ▪ 952.777.2263 (F)

Page **1** of **1**