



**REQUEST FOR LEAVE**

**This form must be submitted 30 days prior to requested leave date.**

**DATE:** \_\_\_\_\_

**EMPLOYEE:** \_\_\_\_\_

**TYPE OF LEAVE:** PTO \_\_\_\_\_ CME \_\_\_\_\_

**The following leave days are requested:**

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

**IS COVERAGE REQUIRED BY DEPT. SUPERVISOR? YES \_\_\_ NO \_\_\_**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**SUPERVISOR APPROVAL: (Print Name)** \_\_\_\_\_

**(Signature)** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**RDSTAFFCO EMPLOYEE: (Print Name)**

\_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RDSTAFFCO PROGRAM MANAGER**

**Fax to 877-471-2502**

This request has not been approved until both RDstaffCo and the on-site supervisor have signed this form. Unless law permits otherwise, leave requests must be submitted in advance to the RDstaffCo Program Manager. Approval for such requests are based on the business needs of the clinic and are granted at the discretion of the Corporation on a first come first serve basis. It is your responsibility to review your leave time availability prior to requesting time off as PTO must be used for any work absence. Requests for time off without pay are not allowed unless permitted by law or policy.