Fairfield Community Supports

Time off Request

2 Week Notice Needed for Time of Requests

Please complete and return to the Supervisor/Manager

Request Date

Employee Name (First and Last Name)

Title

Please fill in the dates you are requesting off

-

Day you plan to return to the office

Employee Signature

Date

To Be Completed by Supervisor/Manager

Approved or Not Approved

Total Amount of Days/
Hours Requested by Employee

If NOT Approved, Explain Why

Supervisor/Manager

Date

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