



Time Off Request Form

To Our MedPro Employee:

- Please Complete Section 1 and Section 3
- Have your Facility Supervisor sign and date (Section 2)
- Return this form to your MedPro Recruiter

SECTION 1

Employee's Name

Date

Facility Where Employee is Working

Facility Supervisor's Name (Print)

First Day of Requested Time Off

Date to Return to Work

SECTION 2 Signature of facility supervisor giving approval for requested time off

Facility Supervisor's Signature

Date Approval Given

SECTION 3

I have reviewed my available PTO hours as stated on my payroll check dated _____

and find that I have _____ PTO Hours available as of the date listed above.

Distribution request:

I elect to be paid _____ hours of PTO per week for _____ weeks during my Time Off.

Employee's Signature

Date

When you have completed this form, return it to your MedPro Recruiter, who will coordinate with HR and Payroll to verify availability of PTO Hours. Payroll will handle processing of PTO accordingly and HR will communicate with necessary individuals regarding any HR related issues.