



## 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.