



NORTHWESTERN
HEALTH SCIENCES
UNIVERSITY

Time Off Request

Employee Name: _____ Date: _____

Paid Time Off

θ Vacation/Personal time

Day(s), date(s) and total hours: _____

θ Sick time

Day(s), date(s) and total hours: _____

θ Other: _____

Day(s), date(s) and total hours: _____

Unpaid Time Off

Day(s), date(s) and total hours: _____

Employee Signature: _____ Date: _____

Supervisor's Approval: _____ Date: _____