



## Time Off Request

**Today's Date:** \_\_\_\_\_

Employee:	
Dates Requested Off:	
Reason for Request:	

- Requests for time off should be submitted to the Office Manager for approval.
- Requests should be submitted 1 month prior to the time requested off. If a request is submitted less than 1 month prior it has a decreased chance of approval.
- Approval of time off is dependent upon the ability to have adequate coverage. When the same time is requested by multiple employees in the same position it will be granted on a first come, first served basis according to the needs of the clinic.
- Unpaid time off may be taken if PTO is unavailable or has been exhausted. Any unpaid leave will lead to a reduction in wages for the affected pay period.
- AIPT does not offer unlimited time off without pay.

**Completed by Office Manager:**

Approved:	YES	NO	Initials _____
Anticipated PTO hours needed for this request:			
Coverage Provided by: <i>(if necessary)</i>			
Communication with Staff:	<input type="checkbox"/> Office Manager Calendar <input type="checkbox"/> WebPT Schedule		