



# Medical Staffing Solutions

*"The Solution to your Staffing Needs"*

## TIME OFF REQUEST

**Employee Name:**

**Date(s) Requesting Off: From:**  **To:**

**Or individual dates:**

**Reason:**  **Vacation**    **Personal Day**    **MD Appointment**

**Coverage Person:**

**Type of Time off:**  **PTO**    **Unpaid**    **Comp Time**

**Employee Signature:**

(Typing name in is acceptable)

**MSS Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_