**Request Off Form**

Instructions: This form should be completed if you are requesting prescheduled time off. Prescheduled vacation requests should be emailed to HR@TrutherapyLPC.com and approved at least 72 hours prior to the date requested, to ensure proper coverage.

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| Date Requested | Reason | # of days requested |
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Staff Name Date

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Approved Denied

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| --- |
| Vacation days available \_\_\_\_\_\_\_\_\_ as of (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

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 Authorizing Signature Date