

MERCER BUCKS ORTHOPAEDICS

REQUEST FOR TIME OFF

DATE _____

Employee's Name _____

Date (s) Requested _____

of Days _____ Full Day _____ Half Day ____ AM ____ PM

* Manager's Approval _____

Employee's Signature _____

It is recommended that at least 1 month notice prior to request for time off be given in order to schedule labor appropriately and efficiently.

*This is a request form only. It *does not* guarantee the requested time off will be granted. PTO may only be taken for time earned.