PO Box 532 Portland OR 97207 503.494.7888 1.800.452.1369 www.donatelifenw.org

Time Off Request Form

Name: _____ **Date**: _____

I am requesting the following days off:

From: _____ **To:** _____ **I will return to work on:** _____

Relevant details: (i.e. coverage considerations you've thought of / things that may need to be rescheduled)

_____

1. **I am requesting the following hours off:**

From: _____ **To:** _____ **Date**: _____

2. **PTO hours at time of vacation:** _____ (actual or estimate)

☐Request approved/signed by direct supervisor: _____ Date: _____

☐Vacation request is not approved for the following reasons:

_____

After getting approval from your supervisor, add it to the DLNW All Staff Calendar and then email the approved time off request form to the Operations Director to accompany payroll.

☐Added to the all staff calendar

☐Approved time off request form returned to the Operations Director to accompany payroll