

Memorandum



DATE:

TO:

FROM:

SUBJECT: Request for Time Off

I would like to request ☐ Paid Time Off (vacation, sick, personal time, bereavement)
☐ Medical Leave
☐ Other: _____

Beginning: _____

Returning: _____

Supervisor Approval: _____ **Date** _____

Managing Director Approval: _____ **Date** _____

Emergency Contact Number (optional): _____

Client Notification Letters (optional)
(Remarks: To be issued one week prior to leaving)

Client Name & Contact	Project Name & Number	Refer Calls to:
1.		
2.		
3.		
4.		
5.		
6.		