



DSP EMPLOYEE TIME-OFF REQUEST FORM

Today's Date: _____

Employee's Name: _____

Time-Off Requested for: PTO BEREAVEMENT JURY DUTY CME

Number of days: _____ **Beginning on:** _____ **Ending on:** _____

***I understand that this request is subject to approval by DSP administration.**

Employee Signature

Date

.....
Administration Use Only

Approved _____ **Denied** _____ **Reason:** _____

Administration Signature

Date