



## Time Off Request Form

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Pharmacy Location: \_\_\_\_\_

### Type of Absence:

Medical Appointment

Bereavement

Vacation

Jury Duty

Other: \_\_\_\_\_

### Select from the options below to be applied to timecard:

PTO (Paid Time Off)

UTO (Unpaid Time Off)

### Dates of Absence:

From: \_\_\_\_\_ To: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Which Chancy Drugs employee will be providing coverage in your absence? \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

**\*All approved time off request forms must be sent to the payroll office no later than the Friday before the next pay period. Pharmacists in charge must apply PTO hours in Paycor if applicable.**