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Growing Opportunities, Inc.
Personal Time Off Request Form

Name _____ **Date of Request** _____

DATES REQUESTED

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

(Please indicate number of hours per day)

All requests are subject to approval from the employee's immediate supervisor and must be approved prior to taking the time off.

Please note: Request forms should be submitted to the office as soon as staff is aware that time is needed.

I understand that Personal Time is accrued and therefore authorization that time is available is required.

Employee Signature _____ **Date** _____

Program Supervisor Approval _____ **Date** _____

Supervisor Comment:

