TRANSCEND MEDICAL TIME-OFF REQUEST FORM

Employee's Name_____

Today's Date_____

Date for Requested Time-Off_____

Full Day_____   Half Day AM_____   Half Day PM_____

Substitute Preference: _____

Reason for Time-Off-Check One:

- ☐ Sick Day
- ☐ Dr. Appt.-Self
- ☐ Dr. Appt-Family
- ☐ Funeral
- ☐ Personal Day

I authorize payroll to deduct time absent from accumulated leave time or dock time absent from payroll if no leave time is available_____

Administrator's Initials_____

FOR OFFICE USE ONLY

Actual Substitute_____

Amount of Time for Substitute: Full Day_____   Half Day AM_____   Half Day PM_____