

Mayodan Police Department

Time-Off Request Form

MPD-303

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| Date Submitted: | Employee Name: |
| Dates Requested Off: | Team Assignment: |
| Comments: | Shift: |
| Employee Signature: | |
| Submit for Review | |

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|---------------------------------|-------|
| Time-Off Request Status | |
| Your requested has been: | |
| Comments: | |
| Approved By: | Date: |

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| Additional Information |
| <p>After a decision has been made, this request will be returned to you. If it is approved, it will be posted on the Department's on-line schedule. You should retain a copy of this request for your records. If there is a discrepancy, you must have this form to receive any consideration. Employees should print a copy and email and copy to the Scheduling Officer.</p> <p>Any holiday observed by the Town will not be approved by the Scheduling Officer. Requests will be considered on a first come, first serve basis. In the event more than one person submits a request on the same day, priority will be determined by seniority. No time-off will be approved any further than 12 months from the date of the request.</p> |
| All requests should be submitted as far in advance as possible. |