

## ST. ANNE'S CATHOLIC CHURCH Time-Off Request Form

l,		, hereby request time-off
commencing	through	,
a total of work hours.		
Thank you for your attention to this matter	r.	
Signature of Employee		
Printed Name of Employee		
Date:		
EMPLOYE	R AUTHORI	ZATION
Request Approved:	Date:	
Request Denied: (Specify Reason)		
By: 1	Γitle:	