## Mayodan Police Department

## Time-Off Request Form

MPD-304

Date Submitted:	Employee Name:
Dates Requested Off:	Team Assignment:
Comments:	Shift:
Employee Signature:	

## Submit for Review

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

## Additional Information

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 you 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.

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.

All requests should be submitted as far in advance as possible.