

RAWLINS COUNTY  
**Dental Clinic**

515 State St.

P.O. Box 177

Atwood, KS 67730

785.626.8290

rcdentalclinic.com

**Request for Time Off**

*Please complete and return this form to your direct supervisor.  
Supervisors – approve/deny requests and give to Diahonia.*

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Supervisor Name

Type of absence requested:

- Vacation                       Sick                               Floating Holiday               Other (please specify)
- Maternity/Paternity       Bereavement                   Time Off Without Pay

\_\_\_\_\_

Dates of absences: \_\_\_\_\_

Reason for absence/employee comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Request:  Approved                       Denied

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Supervisor/management comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Added to calendar

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date