



Employee Paid and Unpaid Time Off Request Form

Instructions: Fill out "Employee Section" in its entirety, sign and date, then print or save the form and email to your Site Supervisor to complete the "Client Section". When your Site Supervisor completes the form, it then needs to be sent to our Payroll Administrator at accounting@madisonapproach.com or faxed to 914-428-5063.

Employee Section	
First Name:	Last Name:
Email Address:	Phone Number:
Date(s) Requested Off:	Date to Return to Work:
Reason for Time Off: (select one)	
Earned PTO (Must provide request 4 weeks in advance)	
Sick/Personal	
FMLA Qualified Event Documentation attached Will be sent separately	
PFL Qualified Event Documentation attached Will be sent separately	

Employee Signature

Date

Client Section	
Company Name:	
Supervisor Name:	
Email:	Phone:
Are the above dates approved? Yes No	
Do you require us to find you coverage for the absence? Yes No	
Are you otherwise satisfied with the work performance of this employee? Yes No	
Comments:	

Supervisor Signature

Date