



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)	
<input type="checkbox"/> PTO – Vacation (Must provide request 4 weeks in advance)	
<input type="checkbox"/> PTO – Planned Sick/Personal (Must provide request 4 weeks in advance, or as soon as practicable)	
FMLA Qualified Event	
<input type="checkbox"/> Documentation attached	
<input type="checkbox"/> Will be sent separately	
PFL Qualified Event	
<input type="checkbox"/> Documentation attached	
<input type="checkbox"/> 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 _____