



Advance Vacation/Sick Request Form

Employee: _____

Date: _____

Requested time off (total hours): _____ Date(s) to be out: _____

vacation

sick

unpaid

other

Remarks:

Employee Signature: _____

Supervisor Approval: _____

Paycheck or special instructions:

Copy to Employee — Supervisor — Employee File

Step 1

ProKids employee – Fill out form and insert digital signature. Click the orange SAVE button to save a copy. **Email a copy to your supervisor for approval.**

Step 2

ProKids supervisors – Insert digital signature on form to approve. Click blue button to right to submit form to Business Operations.