



**REQUEST FOR TIME OFF**

**This form must be submitted 30 days prior to requested time off date.**

**DATE:** \_\_\_\_\_

**PLATINUM EMPLOYEE: (Print Name)** \_\_\_\_\_

**LOCATION/BASE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**The following paid time off (PTO) days are requested:**

\_\_\_\_\_

**Comments:** \_\_\_\_\_

**SUPERVISOR ACKNOWLEDGED: (Print Name)** \_\_\_\_\_

**(Signature)** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
PLATINUM PROGRAM MANAGER

**Fax to 1.877.213.1510**

This request has not been approved until both Platinum Business Corporation and the on-site supervisor have signed this form. Unless law permits otherwise, leave requests must be submitted in advance to the Platinum Business Corporation Program Manager. Approval for such requests are based on the business needs of the clinic and are granted at the discretion of the Corporation on a first come first serve basis. It is your responsibility to review your leave time availability prior to requesting time off as PTO must be used for any work absence. Requests for time off without pay are not allowed unless permitted by law or policy.