



TDY MEDICAL STAFFING, INC. dba
TDY GOVERNMENT SERVICES
 www.tdymedical.com

Use this form for any planned absence (vacation, personal, medical, other). You must call your supervisor and TDY HR for any unplanned absences. Please refer to the TDY Employee Handbook for specific policies regarding leave.

Leave Request Form

Employees should submit leave requests as far in advance as possible of the requested leave (at least 30 calendar days) to TDY HR who will review and forward to the employee's on-site supervisor. Requests will be evaluated based on various factors, including anticipated workload and staffing considerations. After obtaining on-site supervisor approval, you must fax a copy to TDY at 215-839-3442. TDY will complete the bottom portion of this form and return a copy to you. Any request should not be considered approved until you receive this form back. You should keep a copy of this form for your records.

Please complete this section and print legibly.

Employee Name: _____ **Today's Date:** _____

Contact Number(s): _____

Work Location: _____
 (Provide city, name of facility, and department)

Date(s) requesting off (from/to): _____

Accumulated hours of vacation (if applicable): _____

Type of Leave (vacation, personal, sick) _____

I understand that, by signing below, the absence is only excused if signed by my on-site supervisor and TDY HR representative. I have checked my accumulated vacation hours on my pay stub and I will have vacation hours to cover this period. I understand if I do NOT have enough vacation time available I will take those hours as unpaid.

 (Employee Signature) **Date:** _____

Onsite Supervisor use only:

On-site Supervisor's name: _____

On-site Supervisor's phone #: _____

Approved: _____ **Date:** _____
 (On-site supervisor's signature)

Not Approved: _____ **Date:** _____
 (On-site supervisor's signature)

Please complete and return to employee who will return to TDY

TDY Office Use Only:

- Paid Absence
- Unpaid Absence
- IF PAID, SELECT ONE:
- Personal Day
- Vacation
- Sick

TDY HR : _____
 (TDY HR Printed Name)

TDY HR APPROVED: _____
 (TDY HR signature)

TDY HR NOT APPROVED: _____
 (TDY HR signature)

DATE: _____