



PERSONAL TIME OFF FORM

INSTRUCTIONS: Use this form to request any paid/unpaid time off. Any unexpected time off (such as illness), should also be reported to your supervisor as soon as possible. Once the form is approved by the Site Supervisor, you **MUST** fax a copy to the office at (213) 673-4711.

EMPLOYEE INFORMATION

Employee Name _____ Employee Signature _____

Site Location _____ Date _____

THE FOLLOWING MUST BE PRE-APPROVED

	START DATE	END DATE	TOTAL DAYS OFF
Paid Time Off			
Unpaid Time Off			

SUPERVISOR'S SIGNATURE

Supervisor Name _____

Signature _____ Date _____

METROPOLITAN INTERPRETERS AND TRANSLATORS, INC.

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