

Geetha M. Reddy, M.D. F.A.C.C.

Request Date:_____

Employee Name:_____

I am requesting off work for (please designate):
Please circle:

Unpaid

PTO

Vacation

Beginning Date:_____ End Date:_____

Return to work:_____

Supervisor Signature and date:_____

Geetha M. Reddy MD _____

I understand that if my supervisor does not sign this request form time of is not approved.

Employee Signature and date:_____