

**Destiny Management Incorporated**  
**Employee Time-Off Request**

**Date:** \_\_\_\_\_

**Staff Name:** \_\_\_\_\_

**Date(s) Requesting Off:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_

**Supervisor Comments (documentation of schedule coverage etc...):** \_\_\_\_\_

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