



# Drexel University College of Medicine

In the tradition of Woman's Medical College of  
Pennsylvania and Hahnemann Medical College

## REQUEST FOR TIME-OFF

Employee: \_\_\_\_\_  
(please print)

Department: \_\_\_\_\_

Date(s)	Vacation	Sick/ Bereavement	Personal Day	Jury Duty	Conference/ Professional Meeting	Other*
<b>TOTAL</b>						

Falsification of either a written statement or a physician's certificate is grounds for disciplinary action, including dismissal.

Comments:

\_\_\_\_\_  
Employee Signature/Date

Date Expected to  
Return to Work: \_\_\_\_\_

\_\_\_\_\_  
Authorized by/Supervisor Name (Print)/Date

\_\_\_\_\_  
Supervisor Signature