



Kuhn Behavioral Consulting Services
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Employee Time Off Request Form

Employee Name: _____ Today's Date: _____

Date(s) for Requested Time-off: _____

Amount of Paid Time Off (PTO)* to be used (if not using PTO put N/A): _____

Reason for Time-off: _____

Has client(s) Parent and or Guardian been notified of your time off requested: YES ___ NO ___

Has your supervisor been notified: YES _____ NO _____

Will there be another RBT/BCBA filling in for your client(s) during your time-off: YES ___ NO ___

If yes, please state name of employee and dates/ times:

I understand that this request is subject to approval by my employer.

I also understand that if I am using PTO hours, it is my responsibility to enter into Accupoint as 'Internal - PTO' for the day/ week being used.

Employee Signature: _____

Date: _____

PLEASE EMAIL COMPLETED FORM TO saihara@kuhnbc.com

**Check your paystubs to see how many PTO hours you have accrued to date. You will only be able to use your current PTO balance.*