TIME OFF REQUEST

_____ (Employee Name) requests_____ hours of leave

from _____ thru _____, for _____ (reason).

Please indicate the type of leave and pay period:

Paid (Vacation)   Unpaid   FMLA   Weekly   Semi-Monthly

SIGNATURE	EMPLOYEE	EMP #	DATE
	SUPERVISOR		DATE
	GENERAL MANAGER		DATE

ALL BLANKS MUST BE COMPLETED IN ORDER TO PROCESS YOUR REQUEST

HR USE ONLY	
RECEIVED ON	RECEIVED BY
ENTERED ON	ENTERED BY
PAID ON	