



The Only Name You Need To Know

TIME OFF REQUEST

_____ (Employee Name) requests _____ hours of leave
from _____ thru _____, for _____ (reason).

Please indicate the type of leave:

- Paid (Vacation) Unpaid FMLA

SIGNATURE	EMPLOYEE	EMP #	DATE
	SUPERVISOR		DATE
	GENERAL MANAGER		DATE

ALL BLANKS MUST BE COMPLETED IN ORDER TO PROCESS YOUR REQUEST