

REQUEST FOR TIME OFF
(Vacation/Leave of Absence Request)

Name: _____

Date: _____

Request for Paid Time Off:
 or

Request for Time Off Without Pay:

Explanation:

Request for the Following Day(s) Off:

Days:	Date(s):	Hours:
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Signature: _____

Request is: Approved Not Approved

Explanation: _____

Authorizing Signature(s): _____ Date: _____

_____ Date: _____

Distribution: Original to Corporate after authorized signature is obtained.