

REQUEST FOR TIME OFF FORM

General Information: Before requesting time off, please refer to the portion of your handbook or company policy relating to vacation and personal (bonus) days. Management approval of time off does not guarantee payment as only earned time will be paid.

Name: _____ Associate Payroll Number: _____

Day(s) requested: From _____ / / _____ To: _____ / / _____
(Day of Week) (Date) (Day of Week) (Date)

Date Available to Return to Work: _____ / / _____
(Day of Week) (Date)

Type of Request: Vacation: _____ hrs. Personal/Bonus: _____ hrs. Leave of Absence: _____ hrs.
Unpaid time off: _____ hrs.

Reason for Request: (ex. School function, birthday, doctor/dental appointment, etc.)

Advanced Pay Requested: Yes No If yes, date requested ___/___/___

Today's date: ___/___/___ Associate Signature: _____

Your Request for time off has been: Approved Declined Reason for denial: _____

_____ Date: ___/___/___ Management Signature: _____

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