

Request for Time Off

Name: _____
 Last 4 of SS#: _____
 Company: _____

Type	Beginning Date	Ending Date	Date Return to Work	Total # of Hours
Paid Vacation				
Unpaid Time Off				
Other:				

Reason for Time Off (attach documentation if applicable):

 Employee Signature

 Date of Request

For Use by Foreman & Human Resources:

____ Approved ____ Please see/contact me

 Signature of Supervisor

 Date

 Signature of Human Resources

 Date