

REQUEST FOR DAY OFF

(Requests must be submitted at least
2 weeks in advance of your requested days)

NAME: _____

POSITION: _____

TODAYS' DATE: _____

REQUESTED DAYS:

<u>DAY OF WEEK</u>	<u>DATE</u>	<u>SCHEДУLED</u> <u>HRS</u>	<u>Coverage</u> (if known)

I WOULD LIKE TO TAKE THESE DAYS AS:

_____ Personal (MANAGER APPROVAL NEEDED)

_____ Vacation

_____ Payback for _____ days (list specific payback dates
worked)

_____ OTHER specify _____ (Medical Leave, Unpaid, Etc.)

SIGNED: _____

Manager Approval (if required): _____

APPROVED: _____ DATE: _____