



Request For Time-Off

Employee Name: _____

Company Name _____

Separate Check: Yes No

Dates Requested: Beginning _____ Ending _____

Total Hours To Be Paid: _____

Vacation Hours: Sick Hours: Bereavement:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

If you should have any questions at any time or need assistance with a particular situation, please feel free to contact the company's HR department.

Thank you for your continued patronage of the company.