

REQUEST OFF FORM

NAME: _____

DATE OF REQUEST: _____

REQUEST WITH PAY: _____

REQUEST WITHOUT PAY: _____

CHECK ONE: PTO _____ FLOATING HOLIDAY _____

REQUESTED DAYS OFF: (Only 1 week (Sunday-Saturday) per request form)

REVIEWED BY:

OPERATIONS _____

Final Authorization:

_____ SECURED (Must be submitted before Feb. 15th of the current year)

_____ APPROVED

_____ PENDING SCHEDULE

_____ DENIED

**** Comments:**

ALL DAYS THAT ARE TAKEN MUST BE TURNED IN ON A TIMESHEET TO RECEIVE PAYMENT. THIS HOWEVER DOES NOT GUARENTEE PAYMENT, ONLY IF YOU HAVE TIME AVAILABLE AND THE DAY(S) WAS APPROVED.