

REQUEST OFF FORM

All scheduled appointments/days off need to be submitted **two-weeks in advance**

NAME: _____

DATE OF REQUEST: _____

REQUEST WITH PAY _____

REQUEST WITHOUT PAY _____

CHECK ONE **VACATION** _____ **PERSONAL DAY** _____ **FLOATING HOLIDAY** _____

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

REVIEWED BY:

HR _____

OPERATIONS _____

PM _____

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 GUARANTEE PAYMENT, ONLY IF YOU HAVE TIME AVAILABLE AND THE DAY(S) WAS APPROVED.