Time Off Request Form

EMPLOYEE NAME: _Jane Khongsavanh_

AGENCY YOU WORK FOR: _cmc_

TODAY'S DATE: _0.505.17_

REQUESTED DATE(S): _7/10 - 7/16_

VACATION _✓_   UNPAID LEAVE _____

(For CMG use only: Enter number of hours that will be Paid **40** Unpaid _____)

SHIFT YOU WORK: 1st _✗_   2nd _____   3rd _____

REASON: _Maternity Leave._

EMPLOYEE'S SIGNATURE: _____

By signing this form I understand that if this time off request is an unplanned absence it will count as a no fault day(s) toward my attendance. I also understand that if I do not have enough vacation hours to cover this time off request, it will count as a no fault day(s) toward my attendance.

SUPERVISOR'S SIGNATURE: _____

By signing this form I am stating I have enough coverage for the day(s) and I will allow the above employee to be off. I am not approving his time off as paid, unpaid, or no fault. This will be determined by Human Resources.

HUMAN RESOURCES' SIGNATURE: _____

I have received this employee's time off request and affirm that he/she has sufficient time accrued. If employee does not have sufficient time accrued, this is considered a no fault day(s) as stated in our company's attendance policy.

Time Off Request Form

EMPLOYEE NAME: Vane, Khongsavanh

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 5/5/17

REQUESTED DATE(S): 7/17 – 7/23

VACATION _____   UNPAID LEAVE ___✓___

(For CMG use only: Enter number of hours that will be   Paid _____   Unpaid __✓__)

SHIFT YOU WORK: 1st __✗__   2nd _____   3rd _____

REASON: Maternity Leave

EMPLOYEE'S SIGNATURE: _Khongsavanh_
By signing this form I understand that if this time off request is an unplanned absence it will count as a no fault day(s) toward my attendance. I also understand that if I do not have enough vacation hours to cover this time off request, it will count as a no fault day(s) toward my attendance.

SUPERVISOR'S SIGNATURE: _____
By signing this form I am stating I have enough coverage for the day(s) and I will allow the above employee to be off. I am not approving his time off as paid, unpaid, or no fault. This will be determined by Human Resources.

HUMAN RESOURCES' SIGNATURE: _____
I have received this employee's time off request and affirm that he/she has sufficient time accrued. If employee does not have sufficient time accrued, this is considered a no fault day(s) as stated in our company's attendance policy.

Time Off Request Form

EMPLOYEE NAME: _Jane Khongsavanh_

AGENCY YOU WORK FOR: _CMG_

TODAY'S DATE: _050517_

REQUESTED DATE(S): _07/24 - 7/30_

VACATION _____   UNPAID LEAVE _X_

(For CMG use only: Enter number of hours that will be Paid _____ Unpaid _X_)

SHIFT YOU WORK: 1st _X_   2nd _____   3rd _____

REASON: _Maternity leave_

EMPLOYEE'S SIGNATURE: _Jane Khongsavanh_
By signing this form I understand that if this time off request is an unplanned absence it will count as a no fault day(s) toward my attendance. I also understand that if I do not have enough vacation hours to cover this time off request, it will count as a no fault day(s) toward my attendance.

SUPERVISOR'S SIGNATURE: _Kim Kim_
By signing this form I am stating I have enough coverage for the day(s) and I will allow the above employee to be off. I am not approving his time off as paid, unpaid, or no fault. This will be determined by Human Resources.

HUMAN RESOURCES' SIGNATURE: _____
I have received this employee's time off request and affirm that he/she has sufficient time accrued. If employee does not have sufficient time accrued, this is considered a no fault day(s) as stated in our company's attendance policy.

Time Off Request Form

EMPLOYEE NAME: Vane Khongsavanh

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 5/5/17

REQUESTED DATE(S): 7/31/17 – 8/6/17

VACATION _____   UNPAID LEAVE ___✓___

(For CMG use only: Enter number of hours that will be   Paid _____ Unpaid _____)

SHIFT YOU WORK: 1st ___✓___   2nd _____   3rd _____

REASON: Maternity Leave

EMPLOYEE'S SIGNATURE: _Vane Khongsavanh_
By signing this form I understand that if this time off request is an unplanned absence it will count as a no fault day(s) toward my attendance. I also understand that if I do not have enough vacation hours to cover this time off request, it will count as a no fault day(s) toward my attendance.

SUPERVISOR'S SIGNATURE: _____
By signing this form I am stating I have enough coverage for the day(s) and I will allow the above employee to be off. I am not approving his time off as paid, unpaid, or no fault. This will be determined by Human Resources.

HUMAN RESOURCES' SIGNATURE: _____
I have received this employee's time off request and affirm that he/she has sufficient time accrued. If employee does not have sufficient time accrued, this is considered a no fault day(s) as stated in our company's attendance policy.

Time Off Request Form

EMPLOYEE NAME: _Vane Khongsavanh_

AGENCY YOU WORK FOR: _CMG_

TODAY'S DATE: _5/5/17_

REQUESTED DATE(S): _8/7/17 - 8/13/17_

VACATION _____ UNPAID LEAVE _✓_

(For CMG use only: Enter number of hours that will be Paid _____ Unpaid _____)

SHIFT YOU WORK: 1st _✓_ 2nd _____ 3rd _____

REASON: _Maternity Leave_

EMPLOYEE'S SIGNATURE: _____

By signing this form I understand that if this time off request is an unplanned absence it will count as a no fault day(s) toward my attendance. I also understand that if I do not have enough vacation hours to cover this time off request, it will count as a no fault day(s) toward my attendance.

SUPERVISOR'S SIGNATURE: _____

By signing this form I am stating I have enough coverage for the day(s) and I will allow the above employee to be off. I am not approving his time off as paid, unpaid, or no fault. This will be determined by Human Resources.

HUMAN RESOURCES' SIGNATURE: _____

I have received this employee's time off request and affirm that he/she has sufficient time accrued. If employee does not have sufficient time accrued, this is considered a no fault day(s) as stated in our company's attendance policy.

Time Off Request Form

EMPLOYEE NAME: _Jane Khongsaoounh_

AGENCY YOU WORK FOR: _Cemo_

TODAY'S DATE: _08/05/17_

REQUESTED DATE(S): _8/14/17 - 8/20/17_

VACATION _____   UNPAID LEAVE _✗_

(For CMG use only: Enter number of hours that will be Paid _____ Unpaid _____)

SHIFT YOU WORK: 1st _✗_   2nd _____   3rd _____

REASON: _Maternity Leave_

EMPLOYEE'S SIGNATURE: _____
By signing this form I understand that if this time off request is an unplanned absence it will count as a no fault day(s) toward my attendance. I also understand that if I do not have enough vacation hours to cover this time off request, it will count as a no fault day(s) toward my attendance.

SUPERVISOR'S SIGNATURE: _____
By signing this form I am stating I have enough coverage for the day(s) and I will allow the above employee to be off. I am not approving his time off as paid, unpaid, or no fault. This will be determined by Human Resources.

HUMAN RESOURCES' SIGNATURE: _____
I have received this employee's time off request and affirm that he/she has sufficient time accrued. If employee does not have sufficient time accrued, this is considered a no fault day(s) as stated in our company's attendance policy.

Time Off Request Form

EMPLOYEE NAME: Jane Khongsavahn

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 5/5/17

REQUESTED DATE(S): 8/21/17 – 8/27/17

VACATION _____   UNPAID LEAVE ___✓___

(For CMG use only: Enter number of hours that will be   Paid _____   Unpaid _____)

SHIFT YOU WORK: 1st ___✓___   2nd _____   3rd _____

REASON: Maternity Leave

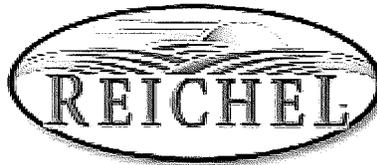**EMPLOYEE'S SIGNATURE:** Jane Khongsavahn

By signing this form I understand that if this time off request is an unplanned absence it will count as a no fault day(s) toward my attendance. I also understand that if I do not have enough vacation hours to cover this time off request, it will count as a no fault day(s) toward my attendance.

SUPERVISOR'S SIGNATURE: _____

By signing this form I am stating I have enough coverage for the day(s) and I will allow the above employee to be off. I am not approving his time off as paid, unpaid, or no fault. This will be determined by Human Resources.

HUMAN RESOURCES' SIGNATURE: _____

I have received this employee's time off request and affirm that he/she has sufficient time accrued. If employee does not have sufficient time accrued, this is considered a no fault day(s) as stated in our company's attendance policy.

Time Off Request Form

EMPLOYEE NAME: _Jane Khongsawarl_

AGENCY YOU WORK FOR: _Cameo_

TODAY'S DATE: _08/05/17_

REQUESTED DATE(S): _08/28/17 - 09/03/17_

VACATION _____ UNPAID LEAVE __X__

(For CMG use only: Enter number of hours that will be Paid _____ Unpaid _____)

SHIFT YOU WORK: 1st _✓_ 2nd _____ 3rd _____

REASON: _Maternity Leave_

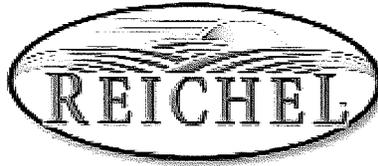**EMPLOYEE'S SIGNATURE:** _Jane Khongsawarl_

By signing this form I understand that if this time off request is an unplanned absence it will count as a no
fault day(s) toward my attendance. I also understand that if I do not have enough vacation hours to cover this
time off request, it will count as a no fault day(s) toward my attendance.

SUPERVISOR'S SIGNATURE: _Bill Klein_

By signing this form I am stating I have enough coverage for the day(s) and I will allow the above employee to
be off. I am not approving his time off as paid, unpaid, or no fault. This will be determined by Human
Resources.

HUMAN RESOURCES' SIGNATURE: _____

I have received this employee's time off request and affirm that he/she has sufficient time accrued. If
employee does not have sufficient time accrued, this is considered a no fault day(s) as stated in our
company's attendance policy.

REICHEL

<u>Time Off Request Form</u>

EMPLOYEE NAME: _Jane Khongsavanh_

AGENCY YOU WORK FOR: _CMG_

TODAY'S DATE: _05/05/17_

REQUESTED DATE(S): _09/04/17 - 09/10/17_

VACATION _____   UNPAID LEAVE _✗___

<u>(For CMG use only</u>: Enter number of hours that will be Paid _____ Unpaid _____)

SHIFT YOU WORK: 1st _✗___   2nd _____   3rd _____

REASON: _Maternity Leave_

EMPLOYEE'S SIGNATURE: _____

By signing this form I understand that if this time off request is an unplanned absence it will count as a no fault day(s) toward my attendance. I also understand that if I do not have enough vacation hours to cover this time off request, it will count as a no fault day(s) toward my attendance.

SUPERVISOR'S SIGNATURE: _____

By signing this form I am stating I have enough coverage for the day(s) and I will allow the above employee to be off. I am not approving his time off as paid, unpaid, or no fault. This will be determined by Human Resources.

HUMAN RESOURCES' SIGNATURE: _____

I have received this employee's time off request and affirm that he/she has sufficient time accrued. If employee does not have sufficient time accrued, this is considered a no fault day(s) as stated in our company's attendance policy.

Time Off Request Form

EMPLOYEE NAME: Vane Khongsavahn

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 5/5/17

REQUESTED DATE(S): 9/11/17 - 9/17/17

VACATION _____   UNPAID LEAVE __✓__

(For CMG use only: Enter number of hours that will be Paid _____ Unpaid _____)

SHIFT YOU WORK: 1st __✓__   2nd _____   3rd _____

REASON: Maternity Leave

EMPLOYEE'S SIGNATURE: _Vane Khongsavahn_
By signing this form I understand that if this time off request is an unplanned absence it will count as a no fault day(s) toward my attendance. I also understand that if I do not have enough vacation hours to cover this time off request, it will count as a no fault day(s) toward my attendance.

SUPERVISOR'S SIGNATURE: _____
By signing this form I am stating I have enough coverage for the day(s) and I will allow the above employee to be off. I am not approving his time off as paid, unpaid or no fault. This will be determined by Human Resources.

HUMAN RESOURCES' SIGNATURE: _____
I have received this employee's time off request and affirm that he/she has sufficient time accrued. If employee does not have sufficient time accrued, this is considered a no fault day(s) as stated in our company's attendance policy.

Time Off Request Form

EMPLOYEE NAME: _Jane Khongsavanh_

AGENCY YOU WORK FOR: _Cmg_

TODAY'S DATE: _05/05/17_

REQUESTED DATE(S): _9/18/17 - 9/24/17_

VACATION _____   UNPAID LEAVE _✗_

(For CMG use only: Enter number of hours that will be   Paid _____ Unpaid _____)

SHIFT YOU WORK: 1st _✗_   2nd _____   3rd _____

REASON: _Maternity Leave_

EMPLOYEE'S SIGNATURE: _____
By signing this form I understand that if this time off request is an unplanned absence it will count as a no
fault day(s) toward my attendance. I also understand that if I do not have enough vacation hours to cover this
time off request, it will count as a no fault day(s) toward my attendance.
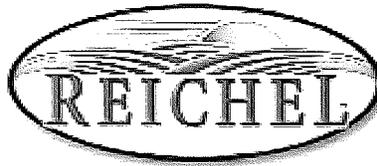
SUPERVISOR'S SIGNATURE: _____
By signing this form I am stating I have enough coverage for the day(s) and I will allow the above employee to
be off. I am not approving his time off as paid, unpaid, or no fault. This will be determined by Human
Resources.

HUMAN RESOURCES' SIGNATURE: _____
I have received this employee's time off request and affirm that he/she has sufficient time accrued. If
employee does not have sufficient time accrued, this is considered a no fault day(s) as stated in our
company's attendance policy.

REICHEL

Time Off Request Form

EMPLOYEE NAME: Jane Khongsavanh

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 5/5/17

REQUESTED DATE(S): 8   9/25 AM - 10/1/17

VACATION _____   UNPAID LEAVE __✓__

(For CMG use only: Enter number of hours that will be   Paid _____   Unpaid _____)

SHIFT YOU WORK: 1st __✓__   2nd _____   3rd _____

REASON: Maternity Leave

EMPLOYEE'S SIGNATURE: Jane Khongsavanh

By signing this form I understand that if this time off request is an unplanned absence it will count as a no fault day(s) toward my attendance. I also understand that if I do not have enough vacation hours to cover this time off request, it will count as a no fault day(s) toward my attendance.

SUPERVISOR'S SIGNATURE: Huy Kim

By signing this form I am stating I have enough coverage for the day(s) and I will allow the above employee to be off. I am not approving his time off as paid, unpaid, or no fault. This will be determined by Human Resources.

HUMAN RESOURCES' SIGNATURE: _____

I have received this employee's time off request and affirm that he/she has sufficient time accrued. If employee does not have sufficient time accrued, this is considered a no fault day(s) as stated in our company's attendance policy.