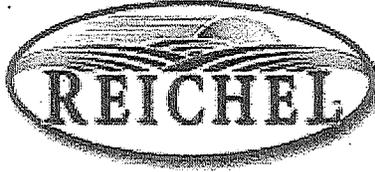


2/a



Time Off Request Form

EMPLOYEE NAME: Pam Kunthawong

AGENCY YOU WORK FOR: Hormel, CMG

TODAY'S DATE: 1/29/2020

REQUESTED DATE(S): 2/3/2020 - 2/17/2020

VACATION _____ UNPAID LEAVE

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

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

REASON: going out of state.

EMPLOYEE'S SIGNATURE: x Pam Kunthawong

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

Needs to resign
left message
1/31/2020

Phononally
I will allow the above employee to work without pay for the day(s) and I will allow the above employee to work without pay, unpaid, or no fault. This will be determined by Human Resources.

RE: _____
I understand and affirm that he/she has sufficient time accrued. If not, this is considered a no fault day(s) as stated in our policy.

