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Can't approve.
Please contact the
employee.
JVS

Time Off Request Form

EMPLOYEE NAME: Awiii Obang

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 05/25/2020

REQUESTED DATE(S): UP TO Oct 29/2020

VACATION _____ UNPAID LEAVE _____

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

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

REASON: I want to take for my children

EMPLOYEE'S SIGNATURE: [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.