



### Time Off Request Form

EMPLOYEE NAME: Sammy Awoul

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 2/7/22

REQUESTED DATE(S): 2/8/22 thru 2/13/22

VACATION  Short UNPAID LEAVE

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

SHIFT YOU WORK: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> 3<sup>rd</sup>

REASON: Going home to take care of mom.

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: [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: Sammy Awarl

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 2/7/22

REQUESTED DATE(S): 2/14/22 thru 2/20/22

VACATION 2 hrs UNPAID LEAVE \_\_\_\_\_

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

SHIFT YOU WORK: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> X

REASON: Going home to take care of Mom

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: [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: Sammy Awaol

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 2/7/22

REQUESTED DATE(S): 2/21/22 thru 2/27/22

VACATION X UNPAID LEAVE \_\_\_\_\_

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

SHIFT YOU WORK: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> X

REASON: Going home to take care of mom

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: [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: Sammy Awoul

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 2/7/22

REQUESTED DATE(S): 3/7/22 thru 3/10/22

VACATION  UNPAID LEAVE

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

SHIFT YOU WORK: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup>

REASON: Going home to take care of Mom.

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: [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.