



not approved
less than
employed.
KS 3/23
LVM 3.23

Time Off Request Form

EMPLOYEE NAME: Faiza Isag

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 3/21/22

REQUESTED DATE(S): 4-11-22 until 5-6-22

VACATION _____ UNPAID LEAVE

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

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

REASON: For vacation

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.

Faiza Saq

Req. 4.11 to 5.6

20 days

HD. 8.16.2021

CW. \$15⁰⁰

CD. Orics 6

EPR. No EPR on file

Callin 4 / 0 Tardy

Accural 6 days

Used 16 days

Req. 20 days

Previous leaves 0 2x 40hrs