Time Off Request Form

EMPLOYEE NAME: _Loc   Lam_

AGENCY YOU WORK FOR: _4/26/2022 " CMG_

TODAY'S DATE: _4/26/2022_

REQUESTED DATE(S): _5/17/22   thru   5/22/22_

VACATION __✓__   UNPAID LEAVE _____

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

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

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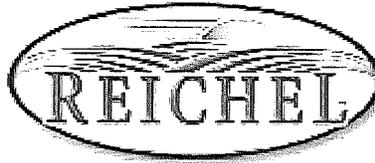
EMPLOYEE'S SIGNATURE: _Loc Lam_
By signing this form I understand that if this time off request is an unplanned absence it will count as a no fault day(s) toward my attendance. I also understand that if I do not have enough vacation hours to cover this time off request, it will count as a no fault day(s)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

AGENCY YOU WORK FOR: _CMG_

TODAY'S DATE: _4/26/2022_

REQUESTED DATE(S): _5/23/22 thru 5/29/22_

VACATION _✓_   UNPAID LEAVE _____

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

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

REASON: _Going to Cambodia_

EMPLOYEE'S SIGNATURE: _Loc Lam_

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: _____

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HUMAN RESOURCES' SIGNATURE: _____

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Time Off Request Form

EMPLOYEE NAME: _Loc Lam_

AGENCY YOU WORK FOR: _CMG_

TODAY'S DATE: _4/26/2022_

REQUESTED DATE(S): _5/30/22 thru 6/5/22_

VACATION _✓_   UNPAID LEAVE _____

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

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

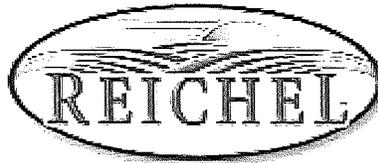**REASON:** _Going to Cambodia_

EMPLOYEE'S SIGNATURE: _Loc Lam_
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Time Off Request Form

EMPLOYEE NAME: _Loc Lam_

AGENCY YOU WORK FOR: _CMG_

TODAY'S DATE: _4/26/2022_

REQUESTED DATE(S): _6/6/22 thru 6/12/22_

VACATION _✓_ UNPAID LEAVE _____

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

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

REASON: _Going to Cambodia_

EMPLOYEE'S SIGNATURE: _Loc Lam_

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: _____

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HUMAN RESOURCES' SIGNATURE: _____

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Time Off Request Form

EMPLOYEE NAME: _Loc Lam_

AGENCY YOU WORK FOR: _CMG_

TODAY'S DATE: _4/26/2022_

REQUESTED DATE(S): _6/13/22 thru 6/19/22_

VACATION ___✓___ UNPAID LEAVE _____

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

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

REASON: _Going to Cambodia_

EMPLOYEE'S SIGNATURE: _Loc Lam_

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: _____

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Time Off Request Form

EMPLOYEE NAME: _Loc Lam_

AGENCY YOU WORK FOR: _CMG_

TODAY'S DATE: _4/26/2022_

REQUESTED DATE(S): _6/20/22 thru 6/23/22_

VACATION _✓_ UNPAID LEAVE _____

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

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

REASON: _Going to Cambodia_

EMPLOYEE'S SIGNATURE: _Loc Lam_

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]_

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HUMAN RESOURCES' SIGNATURE: _____

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