



Time Off Request Form

EMPLOYEE NAME: Maheath Patricia

AGENCY YOU WORK FOR: CMC

TODAY'S DATE: 12-05-22

REQUESTED DATE(S): 12-06-22 AND 12-13-22 *paid 12/19*

VACATION _____ UNPAID LEAVE

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

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

REASON: I will move to Mankato.

I'll miss you guys, bye love you.

EMPLOYEE'S SIGNATURE: *MP*

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.