



Time Off Request Form

EMPLOYEE NAME: Kafiyu Sardi

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 12/27/22

REQUESTED DATE(S): 12/27/22

VACATION UNPAID LEAVE

(For CMG use only: Enter number of hours that will be Paid 8 Unpaid)

SHIFT YOU WORK: 1st 2nd 3rd

REASON: _____

EMPLOYEE'S SIGNATURE: *C. Sardi*

By signing this form I understand that if this time off request is an unplan. fault day(s) toward my attendance. I also understand that if I do not have 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 be off. I am not approving his time off as paid, unpaid, or no fault. This will be reviewed by HR 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.

*Called in
and
had someone drop off
this form off-
not approved*