



Time Off Request Form

EMPLOYEE NAME: Faduma Yasin

AGENCY YOU WORK FOR: C. M. G

TODAY'S DATE: 4-24-23

REQUESTED DATE(S): 4-26-23

VACATION _____ UNPAID LEAVE _____

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

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

REASON: appointment

EMPLOYEE'S SIGNATURE: Faduma

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: Samatar Ali

AGENCY YOU WORK FOR: GmC

TODAY'S DATE: 4-24-23

REQUESTED DATE(S): 4-27-23

VACATION _____ UNPAID LEAVE

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

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

REASON: Appointment

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: Hanna Bezie

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 4/25/2023

REQUESTED DATE(S): 4/27/2023 and 4/28/2023

VACATION UNPAID LEAVE

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

SHIFT YOU WORK: 1st 2nd 3rd

REASON: appointment

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: Abdi G Ali

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 4/24/2023

REQUESTED DATE(S): 4/26/2023

VACATION UNPAID LEAVE

(For CMG use only: Enter number of hours that will be Paid 4hr Unpaid)

SHIFT YOU WORK: 1st 2nd 3rd

REASON: Coming late use 4hr then I will come

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: HAING VONG

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 04-24-23

REQUESTED DATE(S): 04.26-23

VACATION _____ UNPAID LEAVE _____

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

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

REASON: Doctors appointment

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: LUL ALI

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 04/24/23

REQUESTED DATE(S): 04/27/23

VACATION UNPAID LEAVE

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

SHIFT YOU WORK: 1st 2nd 3rd

REASON: A PPT

EMPLOYEE'S 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:

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.