

*not approved  
resign in apply*



## Time Off Request Form

EMPLOYEE NAME: Faduma yasin

AGENCY YOU WORK FOR: C.m.G

TODAY'S DATE: 4-23-2024

REQUESTED DATE(S): 5-6-2024 → 7-10-2024

VACATION  UNPAID LEAVE

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

SHIFT YOU WORK: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

REASON: VACTIDN

EMPLOYEE'S SIGNATURE: Faduma yasin

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.

Fahima  
~~Faduma~~ Yasir  
5.6 to 7.10

HD 8.3.2020

CW 15.76

CD MV2

EPR 2.0 on 8.7.23

Callin 7 / 0 Taray

Accrual 10

Used 17 days

Reqd 47 days

Leave 1.10.24 to 1.21.24

Approved 8.1.24 to 8.20.24