



Time Off Request Form

EMPLOYEE NAME: Adar Aden

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 7/10/2024

REQUESTED DATE(S): 7/29/2024 ~~8/29/2024~~ 8/26/2024

VACATION UNPAID LEAVE

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

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

REASON: ~~Family~~ Family

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: Not Approve

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.

Adar Aden
7.29 to 8.26

Not Approved
7.18.2024
Per Kelsey Emeri

HD 10.11.23
CW \$1500
CD MVI

EPR 2.6 on 2.12.24

Callin 8 / 10 Tardav

Accrual 5

Used 5

Req. 21 days

Previously
on Leave 3.7.24 to 4.15.24