

Not approved
Revision is return
KS 12/2



Time Off Request Form

EMPLOYEE NAME: Abejedo Gilo

AGENCY YOU WORK FOR: C. m. G

TODAY'S DATE: 12-02-2024

REQUESTED DATE(S): 12/01 / 06 / 2025

VACATION UNPAID LEAVE

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

SHIFT YOU WORK: 1st 2nd 3rd

REASON: I have no daycare because my husband went to Africa for one month

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: _____

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.

Abejedo Gilo
12.2 to 1.6.25

HD 7.15.24
CW 19.00
CD Hormel

EPR on 11.30.24

Cell in 1 / 1 / Taram

Accrued 5 days
Used 3 days
Req. 26 days
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