



## Time Off Request Form

**EMPLOYEE NAME:** Mohamed Sudi

**AGENCY YOU WORK FOR:** CMG

**TODAY'S DATE:** 07/22/2025

**REQUESTED DATE(S):** 07-22/2025 - 07-25/2025

VACATION  UNPAID LEAVE

(For CMG use only: Enter number of hours that will be Paid 6hrs Unpaid \_\_\_\_\_)

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

**REASON:** Emergency

**EMPLOYEE'S SIGNATURE:** MS

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.