7/21

REICHEL

Not approved, will try and find someone from South Plant if they aren't working.

Time Off Request Form

EMPLOYEE NAME: _AYANTU OERESSA_

AGENCY YOU WORK FOR: _CMG_

TODAY'S DATE: _7 - 10 - 19_

REQUESTED DATE(S): _7 - 20 - 19_

VACATION _____ UNPAID LEAVE __✓__

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

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

REASON: _Personal_

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.

Trade secret: confidential commercial information exempt from disclosure pursuant to 5 U.S.C. § 552(b)(4).