



Time Off Request Form

NAME: Elias Sime

DATE: 5-2-11

REQUESTED DATE(S): 5-7-11

SICK _____ VACATION _____ UNPAID LEAVE

REASON:

Grandpa Birthday

EMPLOYEE'S SIGNATURE: 

I have received this employee's leave time request and affirm that he/she has sufficient time accrued.

CMG REPRESENTATIVE SIGNATURE: _____

SUPERVISOR'S SIGNATURE: 