REICHEL

Time Off Request Form

EMPLOYEE NAME: _Guadalupe Rojas._

Agency you work for: _CmG._

TODAY'S DATE: _10-13-12_

REQUESTED DATE(S): _Wants his Vacation hours paid-off_

SICK _____   VACATION _✓____   UNPAID LEAVE _____
Only Vacation hrs.

29 hrs

REASON: _____

_____

EMPLOYEE'S SIGNATURE: _Guadalupe Rojas_

SUPERVISOR'S SIGNATURE: _____
I have enough coverage for the day(s) and I will allow the above employee to be off.

HUMAN RESOURCES' SIGNATURE: _____
I have received this employee's time off request and affirm that he/she has sufficient time accrued.