



Time Off Request Form

EMPLOYEE NAME: Sroemita Ke

Agency you work for: _____

TODAY'S DATE: 6/14/13

REQUESTED DATE(S): 6/24/13 to 11/01/13

SICK VACATION UNPAID LEAVE

REASON: Maternity Leave

EMPLOYEE'S SIGNATURE: [Signature]

SUPERVISOR'S SIGNATURE: [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.