



Time Off Request Form

NAME: Mrs LEE

DATE: May 2

REQUESTED DATE(S): May ~~1~~ 6-8th

SICK _____ VACATION _____ UNPAID LEAVE X

REASON:

family gathering

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: [Signature]