

Rhoda Angua's Two Weeks Notice

I Rhoda Angua, I am trying to let you know that I be working for only two more weeks,  
Because nobody can take care of my baby at home.  
I may come back in the future  
Thank you so much.

Rhoda Angua.



### Time Off Request Form

EMPLOYEE NAME: Clemente Abreu

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 9/12/22

REQUESTED DATE(S): 9/12/22

VACATION  UNPAID LEAVE

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

SHIFT YOU WORK: 1st  2nd  3rd

REASON: Sick in the stomach

EMPLOYEE'S SIGNATURE: Clemente Abreu

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: [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.



### Time Off Request Form

EMPLOYEE NAME: oketha buyi

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 09/12/2022

REQUESTED DATE(S): 09/13/2022

VACATION \_\_\_\_\_ UNPAID LEAVE

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

SHIFT YOU WORK: 1<sup>st</sup>  2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

REASON: I have an appointment tomorrow

EMPLOYEE'S SIGNATURE: Oketha

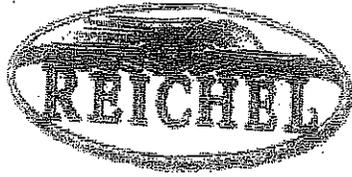
By signing this form I understand that if this time off request is an unplanned absence it will count as a no fault day(s) toward my attendance. I also understand that if I do not have enough vacation hours to cover this time off request, it will count as a no fault day(s) toward my attendance.

SUPERVISOR'S SIGNATURE: [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.



### Time Off Request Form

EMPLOYEE NAME: Achan Akway

AGENCY YOU WORK FOR: CIMIG

TODAY'S DATE: 9,12,2022

REQUESTED DATE(S): 9,13,2022

VACATION  UNPAID LEAVE

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

SHIFT YOU WORK: 1st  2nd  3rd

REASON: No. daycare

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: [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.



### Time Off Request Form

EMPLOYEE NAME: Yaeh Vongkeo

AGENCY YOU WORK FOR: Har Mel CMG

TODAY'S DATE: 9/13/2022

REQUESTED DATE(S): 9/19/20/2022

VACATION  UNPAID LEAVE

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

SHIFT YOU WORK: 1st  2nd  3rd

REASON: OFF

EMPLOYEE'S SIGNATURE: Yaeh Vongkeo

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: [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.