



Time Off Request Form

NAME: Solida San

DATE: 3/14/11

REQUESTED DATE(S): 3/11 - 4/11

SICK VACATION _____ UNPAID LEAVE

REASON:

Solida isn't feeling well after having her baby; came back to work too soon. Per her doctor, she will be off until she is re-evaluated on 4/8 (Dr. appt.)

EMPLOYEE'S SIGNATURE: [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: _____