



Time Off Request Form

EMPLOYEE NAME: Sinak Sam

AGENCY YOU WORK FOR: CMG

TODAY'S DATE: 02.21.19

REQUESTED DATE(S): 03.01.19 Last day.

VACATION _____ UNPAID LEAVE _____

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

SHIFT YOU WORK: 1st _____ 2nd _____ 3rd _____

REASON: I quit the job because I'm not feeling well
I can't work.

EMPLOYEE'S SIGNATURE: Sinak

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.