

No replacement



Time Off Request Form

EMPLOYEE NAME: TADESSE MAILE

Agency you work for: C.M.G

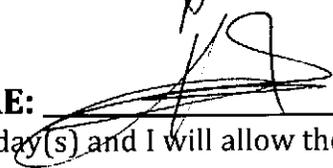
TODAY'S DATE: 10-22-12

REQUESTED DATE(S): giving Two Weeks Notice

SICK — VACATION — UNPAID LEAVE —

REASON: to move - Last Day ~~Dec~~ Nov/21

EMPLOYEE'S SIGNATURE: 

SUPERVISOR'S 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.