9/27

Not approved

Time Off Request Form

EMPLOYEE NAME: _Dara Prom_

AGENCY YOU WORK FOR: _Cmg_

TODAY'S DATE: _09-23-20_

REQUESTED DATE(S): _09-26-20 — 09-27-20_

VACATION _____ UNPAID LEAVE _X_

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

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

REASON: _Personal_

EMPLOYEE'S SIGNATURE: _Dara_
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: _____
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.