|  |
| --- |
| **Employee Information:Name:Employee ID:Days Off Requested:** * **Paid**
* **Unpaid**

**Beginning on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **Reason For Day Off Request** |
| * Vacation
 | * Sick
 | * Funeral
 |
| * Personal
 | * Medical/ Dental Appointment
 | * Other:
 |
| * Family
 | * To Vote
 |  |

***I understand that this request is subject to approval by my employer.*Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Managers Decision:**

* **Approved**
* **Rejected**

|  |
| --- |
| **Manager’s Comments:** |

 **Manager’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**