|  |
| --- |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**