

TIME-OFF REQUEST FORM

Today's Date _____

Employee's Name _____

Date(s) Requested: _____

Manager Approval: _____

Employee Signature: _____

Reason for request:

☐ Jury Duty

☐ Appointment (doctor, dentist, etc.)

☐ Leave of Absence

☐ Personal

☐ Bereavement/Funeral Leave

☐ Military Leave

Other: _____

I will code my hours to: check one

☐ ***Vacation***

☐ ***Unpaid***

☐ ***Hours***

☐ ***Hours***

■ **It is recommended that at least 2 weeks notice prior to request for time-off be given in order to schedule labor appropriately & efficiently.**

■ **This is a request form only. It does not guarantee the requested time will be granted.**

■ **All field employees please return to this form to Center Point Contractors management.**