

## TIME-OFF REQUEST FORM

Today's Date \_\_\_\_\_

Employee's Name \_\_\_\_\_

Date(s) Requested \_\_\_\_\_

Manager Approval \_\_\_\_\_

Employee Signature \_\_\_\_\_

Reason for request:

- |  |  |
|--|--|
| <input type="checkbox"/> Jury Duty                           | <input type="checkbox"/> Personal                  |
| <input type="checkbox"/> Appointment (doctor, dentist, etc.) | <input type="checkbox"/> Bereavement/Funeral Leave |
| <input type="checkbox"/> Leave of Absence                    | <input type="checkbox"/> Military Leave            |

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will code my hours to:    check one  
                                   **Vacation**     **Hours**  
                                   **Unpaid**     **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 Pacific Communications Cabling management.**