



TIME-OFF REQUEST FORM

Name: _____ Employee #: _____

Location: _____ Title: _____

Requested Time-Off Dates: (From) _____ (To) _____

Number of Hours Being Requested: _____

Reason for Time-Off: Vacation Sick Unpaid Personal Time*

**Note: Unpaid personal time will be applied only when no other paid time off is available.*

I understand that approval of this request does not guarantee payment for my requested time off if I have exceeded the maximum number of paid time off hours available.

Associate Signature

Date

AUTHORIZATION

Supervisor

Date

Department Manager (if applicable)

Date

Plant Manager (if applicable)

Date

FOR HR USE ONLY

Vacation Hours Available: _____

Vacation Hours Remaining: _____

Sick Hours Available: _____

Sick Hours Remaining: _____

Human Resources Coordinator

Date

Corporate Benefits Dept.

Date