

TIME OFF REQUEST FORM

To: _____
Supervisor / Manager

Date: _____

From: _____
Officer / Agent (Print Name)

I am formally requesting that I be given the following day(s) off:

From (date): _____

To (date): _____

From (date): _____

To (date): _____

From (date): _____

To (date): _____

I understand that I am not guaranteed to get the day(s) off that I have requested. I also understand that the approval or disapproval of my request will be based on the needs of the company and whether or not the shift(s) can be covered.

REQUESTS MUST BE MADE IN WRITING, EXCEPT IN CASES OF AN EMERGENCY. ALL REQUESTS MUST BE SUBMITTED, AT A MINIMUM, OF AT LEAST 1 WEEK IN ADVANCE OF THE REQUESTED DAY(S) OFF.

Signature: _____
Officer / Agent (if submitting electronically type employee number here)

Date: _____

☐ **APPROVED**

☐ **DENIED**

By: _____
Supervisor / Manager

Date: _____

cc: Manager _____
Supervisor

Print

Submit