ABC RECUITING COMPANY

Request for Time Off

Name: _____ Today's Date: _____

Date(s) of requested time off: From: _____ To: _____

Vacation: _____

Sick: _____(attach doctors note)

Birthday: _____

Jury Duty: _____(attach court notification)

Other: _____

Total Days _____

Who will be covering your responsibilities during your absence (as applicable)?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Employee's signature: _____

Approval: ☐ Time off OK ☐ Time off not OK

Supervisor's signature: _____

Additional comments: _____

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