



## 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.