

Time Off/Vacation Payment Request

Date: _____

Employee Name: _____

Circle one: Request for Time Off or Request Payment for Vacation

Date(s): _____

Who worked/will be working for you: _____

Please Fax to Mike at 498-3443 or Micaila at 504-9639. Vacation/Time Off Requests are Handled on a First Come, First Served Basis – Without Regard to Seniority. No Time can be assumed off without approval. **DO NOT BUY AIRLINE TICKETS WITHOUT PRIOR APPROVAL.** No two people can have the same time off without approval.

Approved _____ Denied _____ By: _____