



HOURLY TIME OFF REQUEST FORM

Associates Must Submit All Time Off Requests to Manager for Approval No Later Than Two Weeks or 14 Days In Advance.

Please indicate the calendar day(s) and the number of hours you would like to use as sick or vacation hours, as well as your return-to-work date.

Check One: Sick Vacation

Number of hours: _____

Date(s): _____ to _____.

Return to Work Date: _____

Notes: _____

Associate Name (Print): _____

Employee Signature: _____ **Date:** _____

Vacation Request is approved: Yes No Reason: _____

Supervisor Signature: _____ **Date** _____