



TIME OFF REQUEST/AVAILABILITY FORM

INSTRUCTIONS: Use this form to request any time off or to submit a change in availability. Any military, medical or personal leave of absence should also be reported to your supervisor as soon as possible. Your request for time off must be submitted and approved by management in advance.

NAME: _____

TIME OFF REQUEST

TIME OFF REQUEST: _____

Check one: Vacation Leave of Absence Schedule Request Other

WORK AVAILABILITY CHANGE

WORK AVAILABILITY: _____

Effective Dates: _____ **to** _____

Note: Please keep in mind that scheduling is based on the needs of the operation.

EMPLOYEE CERTIFICATION

I understand that time away from work and any change in availability is subject to management approval and company policies.

Employee Signature: _____ **Date:** _____

APPROVAL

APPROVED: YES NO

Supervisor Signature: _____ **Date:** _____

Printed Name: _____

COMMENTS

