



EMPLOYEE TIME-OFF REQUEST FORM

Date: _____

Employee's Name: _____

Date (s) of Day (s) Off: _____

Total Days Requested: _____

Comments: _____

Employee's Signature: _____

No Time Off Request will be approved during Peak Season November 1- January 1

- Time off granted as vacation leave with Pay.
- Time off granted without pay.
- Time off not granted.

Manager

Signature: _____

Date: _____