EMPLOYEE TIME-OFF REQUEST FORM

Fill out the "Employee Section" and return to your Supervisor at least TWO (2) WEEKS prior to absence, whenever possible.

ployee's Name:			EMP#:
First Name SENCE DATE(S):	e Last Name		
DAY(S) OF THE WEEK	DATE (OR) DATE RANGE	TIME	
(M/TU/W/TH/F/SA/SU)	(DDMMMYY)	FROM	TO
		□am / □pm □ all day	□AM / □E
		□ам / □РМ	
		□ ALL DAY	
		□ ALL DAY	
CENCE DE ACON-		☐ ALL DAY	
SENCE REASON:	Million I and I an		_
• •	Military Leave		
☐ Workers' Compensa	tion Injury (NOTIFY HR INSURANCE COORD	DINATOR ASAP)	
☐ Family Medical Leav	e Act (FMLA) (Certification Forms Required.)		
birth of a shild or pla	certification Forms Required.)	tor ooro	
birth of a child, or pia	acement of a child with you for adoption or fos	iter care.	
your own serious he	alth condition		
	are for your spouse; child; parer		
of a qualifying exiger	ncy arising out of the fact that your spou	se;son or daughter;	_ parent is on covered
active duty or call to	covered active duty status with the Armed Fo	orces.	
you are the spo	ouse;son or daughter; parent;	next of kin of a covered	service-member with a
serious injury or illne	ss		
☐ Personal Leave (of the	nree (3) or more days)Ext		
•	Exp	plain reason for absence of three (3) or	r more days.
□ Personal Emergency	I hereby certify that I missed work on	tne above dates due to a pers	sonai emergency and th
nature & circumstanc	e of my personal emergency were as fol	lows.	
nature a circumstant	of my personal emergency were as for		
☐ Funeral/Bereavement	it		
	Relationship to Deceased.	First & Last Name of Decea	sed
	•	That a Last Name of Book	ioou.
□ Subpoenaed Court A	Appearance		
•	Explain Co.	urt Case. (Subpoena & Proof of Hours	required.)
			roquirou.)
□ Vacation □ Other	「 <u></u>		
		Explain.	
		2.10.0	
SENCE PAY:			
SENCE PAT.			
I would like my time-off	f to be: PAID (Deduct from my "PTO", i	f eligible.) UNPAID (Deduc	ct from my "UTO", if eligible.)
-		,	, , ,
 I understand that if my 	absence does not meet the "Excused A	bsence" criteria (as outlined in	n the Company
	e will be subject to attendance points (e		
Trandbook) my absenc	e will be subject to attendance points (e	veri ii Genedalling Approvar ii	3 Obtained, below).
 Lunderstand that if I'm 	not eligible for PTO, or if I've used up al	I my PTO my absence will be	LINPAID
Tanacistana that ii iiii	The eligible for 1 10, or 11 1 ve used up at	Tilly I TO, Illy absence will be	ON AB.
 Lunderstand that I'm re 	equired to reserve PTO days to cover pa	v for "Company-Scheduled Pl	lant-Closed Days"
I		Date:	,
	Employee Signature	Date:	/ /
	Employee Signature		DD MMM Y
ANAGEMENT SECTION	ON - "SCHEDULING APPROVAL" (Based on work-load & staf	fing considerations.)
Approved ☐ Must Res	schedule; Supervisor's Signature:		
l Approved ☐ Must Res	schedule; Foreman's Signature (requir	red):	
		-	
GIIIGI NO			

Forward this form to the ATTENDANCE ADMINISTRATOR.

FOR OFFICE USE ONLY:

Excused Absence (Attendance Points = 0)

Unexcused Absence (Attendance Points = ____)