



TIME OFF REQUEST

(Print copy, complete and sign; then scan and email to Cheryl, cc: David Riddle, Jim Layton, Jeff Strange)

Employee Name: _____

Number of Days: _____

Classification: _____

Vacation / Bank / Sick

Desired Dates: _____

Stores/Dates Needing Coverage

Employee Signature: _____ **Date:** _____

_____ *APPROVED* _____ *DENIED*

Manager's Signature: _____ **Date:** _____

OFFICE USE ONLY

Recorded on Calendar _____

Recorded in Employee's PTO Folder _____

Recorded in Nettime _____