



NAME: _____

TODAYS DATE: _____

REQUESTS FOR TIME OFF MUST BE MADE 2 WEEKS IN ADVANCE
REQUEST TIME OFF FROM WORK BELOW

DATES OF REQUESTED ABSENCE

FROM: _____

TO: _____

RETURN TO WORK: _____

PAID or UNPAID

Circle one if you would like to use any available PTO

COMMENTS:

APPROVED:

*This form is for use by employees only
Time off approved once the General Manager signs*