REQUEST FORM

TODAY'S DATE: _____

EMPLOYEE NAME: _____

HOURS REQUESTED: _____

REQUEST (Circle): **VACATION** **SICK**

DATE (S) (Circle Month & Day/s): _____

JAN	FEB	MAR	APR	MAY	JUN	
JUL	AUG	SEP	OCT	NOV	DEC	
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

COMMENTS: _____

_____

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

HERRING SIGNATURE: _____

Available PTO will automatically be applied to days off

PLEASE GIVE A COPY TO ACCOUNTING