

Request Days Off Form

I _____, WOULD LIKE TO HAVE THE
FOLLOWING DAY / DAYS OFF:

AMOUNT OF DAYS: _____

DATE:- FROM: _____ TO: _____

REASON: _____

DATE OF REQUEST: _____

EMPLOYEE'S SIGNATURE: _____

APPROVAL: _____
MANAGER/ SUPERVISOR'S SIGNATURE

DATE OF APPROVAL: _____

**I UNDERSTAND THAT MY REQUEST DOES NOT MEAN
AN AUTOMATIC APPROVAL.**