



TIME OFF REQUEST FORM

TIME OFF MUST BE SUBMITTED 5 WORK DAYS IN ADVANCE
MAY BE DENIED BASED ON OUR CUSTOMERS NEEDS

Name: _____ Date: _____ Position: _____
(Please Print)

<input type="checkbox"/> Vacation	<input type="checkbox"/> Jury Duty*	<input type="checkbox"/> Paid Funeral Leave*
-----------------------------------	-------------------------------------	--

<input type="checkbox"/> Other	Reason _____
--------------------------------	--------------

Date(s) Requested: _____

Submit request to: _____ Fax #: (270) 629-6751
Email: info@gowalbert.com
"DROP IN LOG BOX" only

PAYROLL

Remaining Vacation _____ Pay Roll Signature _____

Employee's/Contractors Signature _____ Date _____

Supervisor's Signature _____ Date _____

APPROVED: DENIED:

REASON: _____

If not submitted within 5 work days, the request may or may not be approved. Request must be submitted between Monday - Thursday 7am to 5 pm, any requests submitted after 5pm on Thursday will not be processed until the following Monday.

*Additional Documentation Required For Jury Duty, Funeral Leave and FMLA