

REASON/REQUEST FOR TIME OFF

Name

Date

The following reflects actual date(s) not working scheduled shifts:

Beginning: (first day off using vacation time)

Ending: (last day off using vacationtime)_____

Returning: (actual date you will return to work. - e.g. if you normally have Sat./Sun. off and take vacation on a Friday, your return date would be Monday's date)_____

Reason for time off/absence (i.e., vacation, illness, floating holiday, no call no show etc.)

Regularly scheduled days off:

Employed for 6 months? _____yes _____no
(For vacation request only)

Payable hours: (# of hrs. for which you are requesting vacation pay...e.g., if you are requesting 2 vacation days, the payable hours would be 16)_____

Vacation time available?	Yes	No	N/A (Circle answer)
Sick time available?	Yes	No	N/A
Time off with pay	Yes	No	N/A
Time off without pay	Yes	No	N/A

Non-Exempt employee fax (816) 373-5787 for approval.
Exempt will submit to direct Supervisor for approval

Signed Copy will be given to employee after approval (Response to employee should occur by the close of the 3rd business day following submission).

Employee signature

Signature for approval/ Date