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| Dept.: | |  | | | | | Shift: | |  | | | Employee # | |  | |
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| Instructions:  1) Complete employee information section above  2) Indicate planned time out below, in order of preference. Please use codes to sepecify reason:  Codes: V=Vacation P=Personal F=Floater | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Planned time out | | | | |  | | | | | | | | | | |
| From | | | To | | | Code | | Approved | | Supervisor’s signature | | | | | |
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| To be filled out by supervisors  Number of days/hours left Vacation\_\_\_\_\_\_\_\_\_\_\_ Personal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
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Employee Date