

AFC REQUEST FOR TIME OFF

Instructions:

- *Employee requests form from HR or Office Manager. HR completes '# Hours Available.'*
- *The employee completes the top section of this form and submits it to his/her supervisor 2 weeks in advance.*
- *Upon supervisor approval, employee is responsible for obtaining 'notify only' signatures from those coworkers significantly affected by their absence.*
- *Employees may not request to take time off as unpaid when vacation is available.*
- *Time off will be approved, paid or unpaid, based on the needs of the business.*

Employee Name _____

Date Submitted to _____

Date(s) of Absence _____

Paid _____ Unpaid _____ Other _____

'Notify Only Signatures' from Coworkers _____

Employee Signature: _____

To be completed by Supervisor and HR

Hours Available _____ as of (date) _____

Total # Hours Requested _____

Approved _____ Not Approved (give reason if not approved) _____

Supervisor's Signature _____ Date _____