



Request for Time Off

Employee's Name: _____

Store Number: _____

Date Submitted: _____

Department: _____

Supervisor's Name: _____

Vacation and Bonus Day

Vacation Days Requested:

Bonus Days Requested:

Unpaid Time Off

Unpaid Days Requested:

Intermittent FMLA

This section is to request days off for intermittent FMLA leave only, that has already been certified by a doctor and approved by Human Resources.

Intermittent Days Requested:

Signatures and Approvals

Employee Signature

Date

Approved By

Date