



TIME OFF REQUEST FORM

Name: _____

Date: _____

Request: from _____

thru _____

Requested Days Off: If you are only requesting hours and not an entire day, fill in the times and dates you need off. If you are asking for the entire day, check the "All Day" box and enter the dates requested. Time off is offered but the dates you select may not work for Central Pop!. While we make every effort to accommodate your time off, we may ask you to change your days if there is a conflict or a business need.

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Hours							
All Day							

Note: _____

To be filled out by management:

_____ Approved _____ Denied

Note to Employee (if denied): _____

Manager: _____

Date: _____