

Ninety Five South Inc.

Employee Time – Off Request Form

Employee Information:

Name:
Today's Date:
Number of Days Requested:
Starting On:
Ending On:

Type of Request (Check one of the following)

Vacation **Personal Leave** **Funeral/Bereavement Leave**
 Jury Duty **Family and Medical Leave** **Time Off to Vote**
 Other

Comments:

Employee Certification

I understand that time away from work is subject to approval.

Employee Signature: _____

Date: _____

Manager Approval: _____

Date: _____