

# EMPLOYEE TIME OFF REQUEST

Livonia Chrysler Jeep

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

EMPLOYEE'S MANAGER: \_\_\_\_\_

## DEPARTMENT:

GENERAL OFFICE  NEW CARS  PARTS  SERVICE  USED CARS

FIRST DATE TO BE MISSED: \_\_\_\_\_

LAST DATE TO BE MISSED: \_\_\_\_\_

DATE RETURNING TO WORK: \_\_\_\_\_

REASON FOR TIME OFF REQUESTED: \_\_\_\_\_

## MARK THE CALENDAR DAYS TO BE MISSED

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EMPLOYEE SIGNATURE: \_\_\_\_\_

MANAGER AREA BELOW THIS LINE

DEPARTMENT MANAGER APPROVED?:  YES  NO

FAMILY LEAVE ACT QUALIFIED TIME?:  YES  NO

DEPARTMENT MANAGER SIGNATURE: \_\_\_\_\_