

Hi Pro Inc

TIME OFF REQUEST FORM

INSTRUCTIONS: EMPLOYEE TO COMPLETE THIS FORM; TURN IN FOR MANAGER'S APPROVAL; ONCE COMPLETED EMPLOYEE MUST SUBMIT SIGNED COPY VIA FAX (760-361-1531) OR E-MAIL (jessicah@hiproinc.com) TO PAYROLL FOR PROCESSING AND GIVE ORIGINAL TO MANAGER. **IT IS THE EMPLOYEE'S RESPONSIBILITY TO MAKE SURE THIS FORM IS COMPLETED AND RECEIVED BY PAYROLL BEFORE THE END OF THE PAY PERIOD.**

NAME (PLEASE PRINT): _____

I AM REQUESTING THE FOLLOWING:

VACATION PAY FOR ENTER DATE(S): _____
How Many Hours Paid: _____ Unpaid: _____

SICK PAY FOR ENTER DATE(S): _____
How Many Hours Paid: _____ Unpaid: _____

BEREAVEMENT PAY ENTER DATE(S) _____
RELATIONSHIP TO FAMILY MEMBER THAT EXPIRED _____

FUTURE VACATION FOR (ENTER DATE(S) REQUESTING OFF):

MEDICAL/DENTAL/OTHER TIME OFF-SPECIFY NEED, DATE(S), & TIME(S)

PAYOUT OF VACATION TIME (NOTE THIS CAN TAKE UP TO A MONTH TO PROCESS)(Manager doesn't have to approve)
POSTAL HIRE DATE: _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____

MANAGER'S APPROVAL SIGNATURE: _____

DATE: _____

PAYROLL RECEIVED DATE _____

PAYROLL PROCESSED DATE _____