



# GENERAL STAMPING COMPANY

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## REQUEST FOR TIME OFF

Today's Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Day(s) Requesting off: \_\_\_\_\_

Requesting: \_\_\_\_\_ ½ Day AM  
 \_\_\_\_\_ ½ Day PM  
 \_\_\_\_\_ Full Days

Reason: \_\_\_\_\_ Personal Day  
 \_\_\_\_\_ Vacation  
 \_\_\_\_\_ Death in the immediate family  
 \_\_\_\_\_ Jury Duty  
 \_\_\_\_\_ Other– please explain below

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Benefits Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Time Requested Available  
 \_\_\_\_\_ Time Requested Not Available

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Approved  
 \_\_\_\_\_ Not Approved

\* Employees: Use this form to illustrate approval on sick time taken – forward to a supervisor on your return to work & attach a copy to your time card as usual. \*