

 **Employee Time-Off Request Form**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time-Off Request date(s): \_\_\_\_\_\_\_\_\_\_\_\_---\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last day of dispatch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Available for dispatch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Request**

☐ - Vacation ☐ - Personal Leave ☐ - Funeral

☐ - Jury Duty ☐ - Family Reasons ☐ - Medical Leave

☐ - Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How I would like paid:** Vacation Sick No Pay

**I understand that this request is subject to approval by my employer.**

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Requests can be emailed to: kmckibbin@ghmotorfreight.com