



# Time Off Request Form

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Time off Start Date: \_\_\_\_\_ Return to Work Date: \_\_\_\_\_

|          | <u>Date</u> | <u>Day</u> | <u>Time Off</u> |     |    |
|----------|-------------|------------|-----------------|-----|----|
| Example: | 10/11/2012  | Thursday   | AM              | Mid | PM |
|          |             |            |                 |     |    |
|          |             |            |                 |     |    |
|          |             |            |                 |     |    |
|          |             |            |                 |     |    |
|          |             |            |                 |     |    |

Reason for Leave: \_\_\_\_\_

Route and/or Charter assignments that need to be covered in your absence:

I understand that I am not guaranteed the day(s) off that I have requested. I also understand that the approval or disapproval of my request will be based on the needs of the company and adequate coverage of work assigned . **Employee's assigned Company Vehicle MUST be returned to the Yard to be utilized during the granted leave time. I also understand that ALL route sheets must be reviewed for 100 % accuracy with Dispatch prior to the requested time off.** It is also my responsibility to confirm the Managers decision of my request.

Employee Signature: \_\_\_\_\_

FOR OFFICE ONLY

DATE: \_\_\_\_\_

Approved by Manager: \_\_\_\_\_

Declined/ Reason for Decline: \_\_\_\_\_

Recorded in Book on: \_\_\_\_\_

Replacement Driver(s): \_\_\_\_\_