WEST EDMONTON MALL TOYOTA

REQUEST FOR TIME OFF FORM

DATE: _____

EMPLOYEE NAME: _____ EMPLOYEE #_____

DEPARTMENT: _____

Please Circle One:

VACATION DAYS   -   IN LIEU OF DAYS   -   UNPAID LEAVE DAY

VACATION PAYOUT ONLY: As per company policy I am required to take my allocated vacation days without pay within the current calendar year.

Dates Requested:

FROM: _____ TO: _____
                (First day off requested)   (Last day off requested)

Total number of days off requested: _____

EMPLOYEE SIGNATURE: _____

AUTHORIZED BY: _____ (Department Manager)

APPROVED BY: _____ (General Manager)