

Unpaid Time Off Request Form

DATE _____

I, _____ request unpaid time off
from _____ to _____

Supervisor's Signature

Signed

FOR OFFICE USE ONLY

DATE _____

This is to verify the request of _____ to take time off
from _____ to _____

is _____ Approved _____ Not Approved

Normal scheduled route(s) will be covered by driver _____

If more than one day/driver, please indicate which driver will cover which day:

Signed