EDWARDS INTERIORS AEROSPACE

Time-Off Request Form

Name: _____

Today's Date: _____

Dates Requested: _____

Won't Be In: ☐

Leaving: ☐ *Time:* _____

Coming in: ☐ *Time:* _____

☐ *Approval (**must be signed by your Supervisor**)* ☐ *Not Approved*

*******Must have appropriate management signature for approval***

Supervisor: *Date:*

****This section MUST be completed for HR to accept the form.***

Scheduled time = 3 days prior notice. You must indicate if you want to use vacation.

******Vacation can only be used in one-hour increments.***

☐ *Scheduled Time/Use vacation: How many hours?* _____

☐ *Unscheduled time/Use vacation=Attendance Occurrence: How many Hours?*____

☐ *Scheduled Time/ Do not use vacation= Attendance Occurrence*

☐ *Unscheduled time/Do not use vacation=Attendance Occurrence*

☐ *Unscheduled time/Absent Without Pay/No Attendance Occurrence*

Reminder: Any unscheduled time away from your shift or scheduled time not covered by vacation will the appropriate attendance occurrence applied.