

TIME OFF REQUEST

Please Make Sure to Double Check the Calendars for Availability 😊

Name: _____ Date Submitted: _____

Reason (optional): _____

*Less Than 14 Days Notice Reason: _____

*General Manager's Signature: _____

Time Requesting Start Date _____

Partial Day Only. Time From ____ to ____

Entire Single Day Only.

Block Of Days. Ending date _____

Original request

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Request							

Change Request

Employee Initials ____ GM's Initials ____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Request							

I understand that my days off or limited hours on a day(s) are subject to availability and the overall needs of the store. I should have double-checked the calendar before I submit my request to check for availability and I should not assume I am going to receive the day(s) until I receive my copy of approval.

Employee Signature _____ Date _____

Scheduling Managers Signature _____ Date Received: _____

Approved

Denied

General Manager's Signature: _____