LINDA WESTON PERSONNEL, INC.

1700 West Big Beaver Road, Suite 240
Troy, Michigan 48084
(248) 643-0076 Office, (248) 643-6119 Fax

Time Off Request

Directions: Complete Step 1 below, sign it and forward it to your immediate supervisor for approval. Your supervisor will complete Step 2, keep the original for record keeping purposes, and forward a copy to our office. This form is not allowed to be used for more than 2 consecutive dates of requesting off work.

REFER TO THE LWP Safety Manual & Operations Policies/Procedures pages 8-12 before filling out this form. THIS IS NOT A VACATION TIME OFF FORM

Step 1 - Employee Section

Today's Date: _____ **Department:** _____

Last Name: _____ **First Name:** _____

Requested Dates:_____ **Total Hours:** _____

REQUESTED DAYS OFF WORK REQUIRE SEVEN (7) WORKING DAYS NOTICE TO LWP BEFORE IT WILL BE APPROVED.

Reason (circle one): Sick Personal Jury Duty Other

_____ _____

Employee Name (Print) *Date* *Employee Signature*

Step 2 – Linda Weston Personnel, Inc., Section

☐ **Approved** ☐ **Denied**

Comments:

_____

_____

_____ _____

Supervisor Name (Print) *Date* *Supervisor Signature*