

BLUME MECHANICAL

TIME OFF REQUEST FORM

Employee Information:

Time off Information:

Employee Name: _____

Employee Number: _____ Vacation Field GL 563___ Office GL 694___

Manager/Supervisor: _____

Time off dates: From _____ To _____

____ Sick ____ Vacation ____ Bereavement

____ Military ____ Jury Duty ____ Maternity/Paternity

Additional Information: _____

____ **With Pay** ____ **Without Pay**

All vacation requests must be submitted 30 days prior to the requested time off for approval.

Employee Signature

Date

Manager Approval:

****To be completed by Manager only****

____ **Approved**

____ **Rejected**

Comments: _____

Manager Signature

Date