



QUALITY ELECTRIC INC.

## Time-Off Request Form

Employee Information	
Name:	
Today's Date:	
Number of Days Requested:	Total Hours:
Starting On:	Ending On:
I Will Return to Work On:	

Type of Request (Check one of the following)

☐ Vacation    ☐ Personal Leave    ☐ Funeral/Bereavement Leave  
☐ Jury Duty    ☐ Family and Medical Leave    ☐ Sick Day  
☐ Late    ☐ Other: \_\_\_\_\_

Comments \_\_\_\_\_

### Employee Certification

**I understand that time away from work is subject to schedules and approval. Time off must be requested at least 14 days in advance (please give as much notice as possible). Those non-bargaining employees receiving paid time off must have this attached to payroll for the applicable pay period to ensure you get paid. Make sure a note is on your time for the applicable week.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Approval

Approved: ☐ Yes    ☐ No    Date: \_\_\_\_\_

PM/Supervisor Name/Signature: \_\_\_\_\_/\_\_\_\_\_

Dept. Manager Name/Signature: \_\_\_\_\_/\_\_\_\_\_

Dept. Manager give to April in payroll for tracking. Make sure Manpower scheduler (Don or Carl) have seen this.

Total number of days taken for the year: \_\_\_\_\_ Hours: \_\_\_\_\_