**Please submit form to:**
**receptionist@omindustries.com**

# EMPLOYEE REQUEST FOR TIME OFF

Printed Name_____

Signature_____ Today's date_____

I am requesting the following time off for:

☐ Vacation ☐ Illness ☐ Personal

☐ Other (explain)_____

Requested Time Off starts:_____ & _____/_____/20_____
*Day of the Week* *Date*

Requested Time Off ends: :_____ & _____/_____/20_____
*Day of the Week* *Date*

Day you will return to work: _____ & _____/_____/20_____
*Day of the Week* *Date*

**PLEASE DO NOT WRITE BELOW THIS LINE...FOR OFFICE USE ONLY**

Approved by:_____Date:_____

☐ EMPLOYEE NOTIFIED_____

☐ MON & TUES AGENDA_____

☐ EMPLOYEE FILE_____

☐ WHENIWORK_____

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