

THE MONTALVO CORPORATION

REQUEST FOR TIME OFF

(Must be submitted a minimum of 24 hours in advance)

Date of Request _____

Employee Name _____

Supervisor Name _____

Please complete all sections and sign request at the bottom.

Section 1: I am requesting to be absent from work for the following reason (can select only one)

Vacation/Floating Holiday

Scheduled Appointment

Emergency Appointment

Death in Family Relationship _____ Will you be attending the funeral? Yes No

Jury Duty (verification of jury duty must be attached)

Leave of Absence Reason: _____

Other Reason: _____

Section 2: Pay/Benefit Type Requested

Appointment Time

Vacation

Floating Holiday

Unpaid Time

Will make up time (within the same week)

Other (explain) _____

Section 3: Dates(s) / time(s) requested for Time Off

Partial Day Date: _____ From: _____ AM PM To: _____ AM PM

Whole Day(s) From: _____ To: _____

Comments _____

Employee Signature _____ Approved _____