



SUNWEST EMPLOYER SERVICES, INC.

Timeoff Request

Name: _____	Date: _____
Company Name: _____	

Reason:	<input type="checkbox"/> Vacation	<input type="checkbox"/> Personal Day
	<input type="checkbox"/> Sick	<input type="checkbox"/> Other (Explain Below)

Comments: _____

Dates Requested: _____		
<input type="checkbox"/> With Pay	<input type="checkbox"/> Without Pay	No. of Days out of Office: _____

Comments: _____

Requesting and Approving Signatures

Employee _____	Supervisor _____
SS# _____	Time Off: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Date: _____	Date: _____

Payroll and HR Use

Eligible for hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hours recorded in payroll _____
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I understand that this request is subject to approval, and that I am only eligible to receive pay if sufficient time off has been accrued.

Note: Vacation time must be approved two(2) weeks in advance.

Every effort will be made to accommodate all requests, however, when conflicts arise... "First come, First serve"

Copy to: Employee _____ HR _____