



AFFORDABLE
I N N S

Request for Time Off

Employee requesting time off must fill out top portion of this form completely before submitting to manager. A submitted request does NOT guarantee time off. Only once form has been completed and signed by appropriate level of management will time off be granted.

Employee Requesting Time Off: _____

Department: _____

Location: _____

Hire Date: _____

Date Submitted: _____

Request for Time Off

Time off requested from _____ to _____
(begin date) (end date)

Number of days requested: _____

Signature of Employee

*** Signatures of employee indicate the understanding of corporate managements policy regarding Time off requests and approvals.***

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For management use only:

Time off request has been: Approved Disapproved

Reason if disapproved: _____

Managers Signature

Date