Crosby's   HENRY'S

PAID TIME OFF - REQUEST FORM

WEEK ENDING DATE: _____

EMPLOYEE NAME: _____

DATES REQUESTED			
DAY	**DATE**	**DAY**	**DATE**
Monday:		**Thursday:**	
Tuesday:		**Friday:**	
Wednesday:		**Saturday:**	

PLACE AN "X" IN THIS BOX TO RECEIVE VACATION PAY IN ADVANCE ☐

☐ **# OF VACATION DAYS**   **# OF SICK DAYS** ☐

☐ **# OF PERSONAL DAYS**   **# OF SICK HOURS** ☐

NOTE: _____

AUTHORIZATION

_____   _____
Associate Signature   Date

_____   _____
Authorized Signature   Date