

BROTHERS FIRE & SECURITY
REQUEST FOR TIME OFF

EMPLOYEE NAME: _____ DATE: _____

<i>Date (Day/Mo/Year)</i>	<i>Hours Req Off</i>	<i>Type - PTO or W/O Pay</i>	
DATE: _____	HOURS: _____	TYPE: _____	REASON: _____
DATE: _____	HOURS: _____	TYPE: _____	REASON: _____
DATE: _____	HOURS: _____	TYPE: _____	REASON: _____
DATE: _____	HOURS: _____	TYPE: _____	REASON: _____
DATE: _____	HOURS: _____	TYPE: _____	REASON: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

H/R REVIEW: _____ DATE: _____

MANAGER APPROVAL: _____ DATE: _____

*** USE ONE REQUEST PER PAYROLL WEEK. DO NOT COMBINE MULTIPLE WEEKS IN ONE FORM!**