

# Ed Koehn Automotive Group

## Time Off Request Form



Please submit this form for approval at least four (4) weeks in advance of your requested time off dates. All requests must be submitted to your supervisor for approval. Time off that is not approved but still taken by the employee will be unpaid and subject to discipline.

<b>Employee Name</b>	<b>Store</b>
<b>Dates Requested</b> <div style="text-align: center;">             / /      through      / /           </div>	
<b>Date Returning</b> <div style="text-align: center;">             / /           </div>	
<b>Total Number of Days/Hours Requested</b>	
<b>Reason for Time Off</b> <input type="checkbox"/> Vacation <input type="checkbox"/> Medical ( <i>Min 1 hr. increment</i> ) <input type="checkbox"/> Jury Duty <input type="checkbox"/> Other: _____	
<i>Employee Signature</i>	<i>Date</i>

<b>Approval (circle one):</b> YES      NO		
<table border="1" style="width: 100%;"> <tr> <td><i>Supervisor Signature</i></td> <td><i>Date</i></td> </tr> </table>	<i>Supervisor Signature</i>	<i>Date</i>
<i>Supervisor Signature</i>	<i>Date</i>	

<b>FOR INTERNAL USE ONLY:</b>		
Recorded into Employee Calendar:	YES	NO
Recorded into Payroll System:	YES	NO