



Vacation/Sick Time Off Request Form
For Heavy Highway and Hot Mix Asphalt Construction Date: _____

Employee Name: _____ Employee No.: _____

SECTION 1: Completed by the Employee

Vacation/sick requests must be submitted in advance (when applicable) to your supervisor for approval. Requests are not valid unless signed by both the employee and the supervisor. Requests for vacation/sick pay must be submitted on the Vacation/Sick Dollar Request form.

Date(s) Requested: _____
(Please list requested vacation/sick date(s) from and to or specific dates during one a one week period.)

Vacation date(s) listed above are: (check the box)

- New Request for Vacation Days New Request for Sick Days
 Vacation Date Change (include reason) _____

EMPLOYEE SIGNATURE: _____

SECTION 2: Completed by the Supervisor

- Approved Days/Hours available after this request _____
 Disapproved _____

SUPERVISOR SIGNATURE: _____