



J.E. Agnew Food Services Ltd.
Vacation Time/Pay Request Form

DATE OF REQUEST _____

NAME OF EMPLOYEE _____

TIME OFF REQUESTED _____

EXPLANATION FOR REQUEST _____

VACATION PAY AMOUNT _____

VACATION PAYMENT DATE _____

EMPLOYEE SIGNATURE _____

MANAGEMENT APPROVAL ڻ YES ڻ NO INITIALS: _____

I understand that this request is not guaranteed, and it is my responsibility to follow up with the management team. I realize should the request NOT be fulfilled; I will be responsible for working my scheduled shift or face disciplinary action according to the company policies and procedures as outlined in the Employee Handbook.



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