



SURETY LENDING SOLUTIONS, LLC

speed > accuracy > customer service TM

Employee Days Off Request Form

All request for days off must be made within two weeks of the requested days. This form must be signed by the employee requesting the days off and the person approving the request. All original copies must be given to Adam Trainque.

Today's Date _____/_____/_____

Employee Print Name: _____

Requested days off

_____/_____/_____ thru ____/____/_____

Will these be paid days off? YES (or) NO

Employee Signature _____

OFFICE USE ONLY

Approver Print Name: _____

Approver Sign Name: _____

Date of Approval: ____/____/_____

Has this been delivered to Adam Trainque YES (or) NO

Initialed by Adam Trainque _____

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