

R.Roese Contracting Co., Inc.

Vacation/Time-Off Request Form

Employee Name: _____

Requested Time Off: ☐ Vacation ☐ Unpaid ☐ Other _____

Time-Off Beginning Date:

Time-Off Ending Date:

Total Days Requested:

Remarks _____

X

Signature of Employee

Date Submitted to H.R. Manager

Submit signed copy to H.R. Department for approvals.

H.R. Use Only

Vacation / Sick Days unused for Current Year:

Less Vacation / Sick Days approved above:

Remaining Vacation / Sick Days:

Approved by: _____
Signature of president or direct supervisor Date of Approval

Approval: _____
Signature of H.R. Manager Date of Approval

Comments: _____