

BROTHERS FIRE PROTECTION CO.

REQUEST FOR TIME OFF

NAME: _____ DATE: ____/____/____

DATE: _____ HOURS: _____ TYPE: _____ REASON: _____

DATE: _____ HOURS: _____ TYPE: _____ REASON: _____

DATE: _____ HOURS: _____ TYPE: _____ REASON: _____

DATE: _____ HOURS: _____ TYPE: _____ REASON: _____

DATE: _____ HOURS: _____ TYPE: _____ REASON: _____

DATE: _____ HOURS: _____ TYPE: _____ REASON: _____

DATE: _____ HOURS: _____ TYPE: _____ REASON: _____

*Date-day/month/year *Hours-number of hours requested off *Type-type of pay ie: PTO, w/o pay

EMPLOYEE SIGNATURE: _____ DATE: ____/____/____

H/R REVIEW: _____ DATE: ____/____/____

MANAGER APPROVAL: _____ DATE: ____/____/____

FORWARD ORIGINAL TO HUMAN RESOURCES

An Equal Opportunity Employer