



10962 Riddle Dr., Clinton, IL 61727

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EMPLOYEE TIME-OFF REQUEST

To: _____
(Supervisor's Name)

I would like to take the following dates off.... _____

I will return to work on.... _____

This time off will count towards my vacation: _____ This time off will be unpaid: _____

Approved By: _____

Employee Signature: _____

Print Name: _____

Date: _____

**TIME-OFF IS NOT CONSIDERED APPROVED UNTIL SIGNED BY SUPERVISOR
AND FORM IS DELIVERED TO ADAM IN THE OFFICE.**