

# Jay Nolan Community Services, Inc.

## Request for Vacation/Sick Time

Printed Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

	<b>NUMBER OF HOUR(S)</b>	<b>DATE(S)</b>	<b>SHIFT HOURS</b>	<b>DEPT NO.</b>
<b>Vacation Time</b>				
<b>Sick Time</b>				
<b>Bereavement (See Policy)</b>				
<b>Holiday Time</b>				
<b>Time Without Pay</b>				
<b>Other:</b>				

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request denied for the following reasons: \_\_\_\_\_

\_\_\_\_\_