

Jay Nolan Community Services, Inc.

Request for Vacation/Sick Time

Printed Name: _____ *Employee File Number:* _____

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

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Payroll Manager's Signature: _____ Date: _____

Request denied for the following reasons: _____
