

GLENDORA
EMPLOYMENT
AGENCY INC
ESTABLISHED 1956

REQUEST FOR TIME OFF FORM

Phone: 626.335.4081 **Fax:** 626.914.4711 **Email:** employee@geainc.com

TO BE COMPLETED BY EMPLOYEE:

Employee Name: _____ Phone: _____

Company Assigned: _____

Signature of Employee: _____

This is a request for time off from _____ to _____

Reason for Time Off: _____

TO BE COMPLETED BY SUPERVISOR:

Request has been: Approved Denied Date: _____

Supervisor's Name: _____ Title: _____

Signature: _____

Will you need a replacement person during the above stated dates? Yes No

Additional comments: _____
