



AUTO

SERVICE



TIRES &
WHEELS



COLLISION
REPAIR



CAR
WASH

Employee Paid Time Off Request Form

Employee Name: _____

Store Location (#): _____

Today's Date: _____

Please turn in completed request form to your manager at least (4) weeks prior to first day of your vacation request.

I request to take _____ days of ☐ PAID or ☐ UNPAID time off:

Beginning on: _____ and

Ending on: _____.

I understand that I need approval from my manager and the company's administration before I can take the requested time off.

Employee Signature: _____

Approved: ☐ YES ☐ NO

Reason for Not Approving Time Off Request: _____

Manager's Signature: _____ Date: _____

HR Manager's Signature: _____ Date: _____