

Adamik Electric, LLC

TIME OFF REQUEST FORM

Today's Date: _____

Name: _____
(last name, printed) _____
(first name, printed)

Foreman's Name: _____ Project: _____
Project#: _____

Time off requested:

From: _____ to: _____
(day of week and date) (day of week and date)

First day back to work: _____
(day of week and date)

Will you be using Sick Time? Y / N
Will you be using Vacation Time? Y / N
*Requested PTO **must** be approved by HR Department
depending on available accrued hours.

Reason for time off: _____
(select from list below, be specific)

Day off in this request: _____

Days off this calendar year, including above days off: _____

FS	FAMILY SICKNESS	V	VACATION	ML	MILITARY LEAVE
CJ	COURT/JURY DUTY	TM	TRAVEL MOVING	DR	DOCTOR'S APPT
DF	DEATH IN FAMILY	M	MATERNITY	P	PERSONAL
CL	CLASS				

I have discussed this request with the employee and I have advised the employee to:

- return to this job after this time off contact Human Resources prior to
return after this time off

Foremen's Signature _____

Date _____

Project Manager's Signature _____

Date _____

I understand that I am not guaranteed to get the day(s) off that I have requested and that if PTO is requested that it must be pre-approved by the HR Department. I also understand that the approval or disapproval of my request will be based on the needs of the company and whether or not the shift(s) can be covered.

Employee's Signature _____

Date _____

Human Resources Review: Paid Time Off ____ Available Hours: ____
Non-Paid Time Off ____

Approved by: _____
Human Resource's Signature _____
Date