

DAY OFF REQUEST

Employee Name: _____

Supervisor: _____

Date Submitted: _____

DATE	WEEKDAY	CONSUMER	SHIFT	FILL IN <small>(if arrangements have been made)</small>	PTO <small>(Please include amount if wish to use)</small>
	<u>MONDAY</u>				
	<u>TUESDAY</u>				
	<u>WEDNESDAY</u>				
	<u>THURSDAY</u>				
	<u>FRIDAY</u>				
	<u>SATURDAY</u>				
	<u>SUNDAY</u>				

Supervisor Approval/Comments: _____
