Days Off Without Pay



Employee Name: _____

Dates Requested: _____

Reason for Request: _____

_____

I understand I am requesting time off without pay and that I will not be compensated for this time.

Employee Signature:_____

Date: ____/____/____

- Approved
- Not Approved – Reason:

_____

Manager Signature: _____

Date: ____/____/____