



TIME OFF REQUEST FORM

NAME: _____

JOB LOCATION: _____

DATES REQUIRED: _____

TODAYS DATE: _____

AUTHORISED BY: _____

- One weeks notice **MUST** be given to your supervisor before time off will be issued
- If a form is not signed by your supervisor you will **NOT** be entitled to take the time off
- Please note that all holidays must be taken by the 31st of December of each year