

CHECK ONE: DAY OFF REQUEST

SHIFT DROP NOTICE

Employee Name: _____ Supervisor: _____

Date Submitted: _____ Last Day (If dropping shift): _____

If taking off multiple days **not** within the same week, please fill out a separate request for each one.

If dropping a shift, please note you must turn in 2-4 weeks in advance

DATE(S)	WEEKDAY	CONSUMER	SHIFT TIMES <small>(Include AM/PM)</small>	FILL IN <small>(If arrangements have been made)</small>
	MONDAY			
	TUESDAY			
	WEDNESDAY			
	THURSDAY			
	FRIDAY			
	SATURDAY			
	SUNDAY			

Supervisor Approval/Comments:
