

(CIRCLE ONE)

DAY OFF REQUEST / DROPPING SHIFT

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.

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

Supervisor Approval/Comments:
