



Please email this completed form to Kayla at kmatthews@cmjrconstruction.com for review and approval, or hand in to your direct jobsite supervisor.

Employee Time-Off Request Form

Today's Date: _____

Employee's Name: _____

Time-Off Request: _____ Days Hours Beginning

on: _____

Ending on: _____

Reason for Request

- Vacation - Compensatory Time - Funeral / Bereavement

- Jury Duty - Family Reasons - Medical Leave

- Other: _____

I understand that this request is subject to approval by my employer.

Employee's Signature: _____ Date: _____

Employer's Decision

- Approved - Rejected

Employer's Signature: _____ Date: _____

Print Name: _____