



6860 W. Peoria Ave. Peoria, AZ 85345
(623) 773-0410 FAX (623) 773-2924

TIME OFF REQUEST

Time off requested (include month, day(s), year and amount of hours) Paid Unpaid

Vacation _____

Sick _____

Employee Signature _____ Date _____

Employee Name _____ Location _____

FOR CORPORATE USE ONLY

Approved: _____

Disapproved (state reason):

Authorized Signature (B. Harris) _____ Date _____