

- | | |
|---|---|
| <input type="checkbox"/> JMAC Resources | <input type="checkbox"/> JMAC Ready-Mix |
| <input type="checkbox"/> IHD Liquids | <input type="checkbox"/> IHD Solids |
| <input type="checkbox"/> JCO | <input type="checkbox"/> Pronghorn, LLC |
| <input type="checkbox"/> WDW | <input type="checkbox"/> _____ |

Division must be indicated above or form will be returned to individual completing it.

Time-Off Request

Per policy manual: Written vacation requests must be presented to the office manager for approval no less than two (2) weeks prior to the requested vacation start date. Any change to the two (2) week minimum requirement must be pre-approved by management. Paid vacation is available after 1 (one) year of employment.

Please indicate if this is a: **New** time off request or **Revision** to previous time off request

Please print clearly.

Employee Name:		
Type of Absence:	<input type="checkbox"/> Paid Time off	<input type="checkbox"/> Unpaid Time off
Date(s) of Absence:	From:	To:
Reason:		
Total hours requested off:		
Date of return to work:		

Employee Signature

Date

For Internal Use Only

Request is: **Approved** **Denied**

Supervisor Signature

Date