



MCCLAIN BROS. PLUMBING & HEATING

Employee Time-Off Request Form

Today's Date _____

Employee Name _____

Time Off Request _____ Days _____

Beginning On: _____

Ending On: _____

Reason for Request (Circle One)

Vacation Personal Leave Funeral-Bereavement

Jury Duty Family Reason Medical Leave

Other _____

I Understand this request is subject to approval by my employer

Employee's Signature _____ Date _____



Employers Decision

Approval / Rejected Paid / Not Paid

Employer's Signature _____ Date _____

Print Name _____