



Request Form for Vacation/Personal/Funeral Leave

Check one: Vacation Personal Funeral Leave

Employee Name _____

Position _____

Facility: _____

Date(s) Requested: _____

Requested Time Off	(Hours Requested)	(Hours Available)
<input type="checkbox"/> Vacation	_____	_____
<input type="checkbox"/> Personal	_____	_____
<input type="checkbox"/> Funeral	_____	_____
<input type="checkbox"/> Other	_____	_____

Proposed Replacements: _____

Arrangements Made?..... Yes No

Will your replacement go into overtime
by covering for your time off?..... Yes No

****If yes, please call Jodi Loiland at 218-694-6193 for scheduling.****

Authorized by: _____ Date: _____

Send to Jodi Loiland