



CANEBRIDGE INTERNATIONAL CORPORATION

Request for Days Off

To: _____ Date: _____

Fr: _____ Day: _____

I _____ request the following date(s) off

From: _____ to: _____

I understand the time I have requested will be non-paid and subject to availability of people to fill the shift I will be missing.

Signature of employee

Approved: _____

Disapproved: _____

Vacation day paid: _____

Vacation non-paid: _____

Sick day paid: _____

Other: _____

Reason for request: _____

Note: request is to be turned in two (2) weeks in advance of the requested day(s) off.