



COMMISSIONAIRES

VACATION/LEAVE OF ABSENCE

CM: _____

Name: _____

Date Submitted: _____

Worksite & Location: _____

I request vacation as follows: One Week Two Weeks

Start Date: _____

End Date: _____

Total Calendar Days: _____

Vacation Pay: Yes No If Yes, indicate Pay Deposit Date: _____

I request an unpaid Leave of Absence:

Start Date: _____

End Date: _____

Total Calendar Days: _____

Reason: _____

Signature: _____

Date: _____

Shift Covered By: _____

Recommended By: _____

Date: _____

Approved By: _____

Date: _____

Note:

Request must be submitted prior to making travel reservations. Estimated Dates can be used for approval.