

SECURITY DODGE CHRYSLER RAM

345 MERRICK RD. ♦ AMITYVILLE, NY 11701

Vacation / Time Off Request:

Vacation / Time off requests must be in writing at least one month in advance and signed off by your department manager as well as an owner. All Sick Leave must be reported to your manager over the phone (not Text) as soon as practical. No more than one week's vacation can be taken at one time or be taken during month end. We will try to accommodate you to the best of our ability.

Employee name: _____

Today's Date: _____

Department: _____

Date for requested time off and number of days: _____

List each requested Day off (not your normal days off): _____

Day returning to work: _____

Does this qualify for FMLA (Family Medical Leave Act) ____ Yes ____ NO

If yes, please contact Human Resources for additional requirements.

Pay requested: (circle one) YES NO

In the normal pay cycle or Advanced (circle one)

Comments: _____

Employee Signature _____

Approving Manager _____

Owner: _____