



D.P Electric, Inc. 2010 REQUEST FOR SCHEDULED TIME OFF

Name: _____ Date: _____

Please circle the days you are requesting off on the calendar(s) below.

January 2010

S	M	T	W	T	F	S
					H	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 2010

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2010

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2010

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May 2010

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	H					

June 2010

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July 2010

S	M	T	W	T	F	S
					1	2
3	4	H	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August 2010

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September 2010

S	M	T	W	T	F	S
					1	2
3	4	5	H	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2010

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November 2010

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	H	26	27
28	29	30				

December 2010

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Vacation hours can only be taken in 4 or 8 hour increments. Time off must be requested 10 days in advance. If time off requested is submitted less than 10 days prior to the date(s) requested, a reason must be indicated below.

If vacation hours are to be utilized to make up for hours not worked, it must be approved prior to the pay period ending and you must turn in the approved form with your timecard.

No vacation hours will be approved for unexcused absences.

Scheduled Time Off: <input type="checkbox"/> YES <input type="checkbox"/> NO	Paid Time Off: <input type="checkbox"/> YES <input type="checkbox"/> NO
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<input type="checkbox"/> Excused Absence	<input type="checkbox"/> Sickness	<input type="checkbox"/> Personal	<input type="checkbox"/> No Work Available	<input type="checkbox"/> Dr. Appointment
<input type="checkbox"/> Dental Appointment		<input type="checkbox"/> Car Trouble		

REASON: _____

Signature

Supervisor/Supintendent/Foreman Signature

APPROVED

DENIED