



D.P Electric, Inc. 2011 REQUEST FOR SCHEDULED TIME OFF

Name: _____ Date: _____

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

January 2011

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					

February 2011

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 2011

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 2011

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 2011

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	H	31				

June 2011

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 2011

S	M	T	W	T	F	S
					1	2
3	H	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						

August 2011

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 2011

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	

October 2011

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 2011

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	H	25	26
27	28	29	30			

December 2011

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	H	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