

EMPLOYEE LEAVE FORM

Please use this form to request time off. Submit all requests to Debbie Moore.

When possible, submit form three (3) weeks in advance so information can be incorporated into company schedules.

EMPLOYEE N	AME:	DATE:
REQUEST FO	R VACATION OR VACATION DEFERRAL to leave)	
	DATE(S):	
	EMPLOYEE'S SIGNATURE	
	APPROVAL: ED MARK	KYLE
PERSONAL LE	EAVE to or immediately following absence)	
	DATE(S):	
	EMPLOYEE'S SIGNATURE	
	ED'S SIGNATURE	
BMC SPONS (Submit prior		
	DESCRIPTION:	
	DATE(S):	
	EMPLOYEE'S SIGNATURE	
	ED'S SIGNATURE	

Thank you for your cooperation.