

ADVANCED[®] Staffing, Inc.

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Time off Request

Employee: _____ Date _____/_____/_____

I request to take time off --days: (month, day, year)

1st Day off _____/_____/_____ Hours off -from _____ to _____

2nd Day off _____/_____/_____ Hours off -from _____ to _____

3rd Day off _____/_____/_____ Hours off -from _____ to _____

4th Day off _____/_____/_____ Hours off -from _____ to _____

5th Day off _____/_____/_____ Hours off -from _____ to _____

Reason for Request _____

Employee Signature

Company Site Supervisor

- All time off must be pre-approved 1 week before scheduled dates
- All time off must be approved by Staff Member

Do not write below this line-office use only

Approved by Accounting _____ Hours to Pay _____ Unpaid Hours _____

Pay Hours on Check dated _____/_____/_____