

Request for Unpaid Time Off (Dockage Day)

You are required to use your personal/essential time and/or vacation (if applicable) prior to using an unpaid day.

Name:		
Job Title:	Location:	
I am requesting unpaid day(s) on the f	ollowing date(s):	
Date:		
I am requesting unpaid day(s) for the f	following reason:	
Employee Signature:		_ Date:
Supervisor Signature:		Date:
Please submit signed form to Human F	Resources.	
Human Resources:		
Date Received:	Date Approved:	
If denied, reason:		
A copy of this form will be returned to you.		