



250 Avenue X Brooklyn NY 11223 T. 718-484-4900 F. 718-484-4899

SICK/DAY(S) OFF/ VACATION REQUEST FORM

Please complete if you are requesting to take time off. All vacation times must be approved by a manager, and submitted 2 weeks prior to time off.

Employee Name: _____

Employee Number: _____

Department: _____

Start Date	End Date	Total days	Reason Code

Reason Codes:

V-Vacation Day **M**- Maternity **PL**-Personal Leave Paid **PU**- Personal Leave unpaid **O**-Other

Signature

Date

Management's Approval

Date

**** Please keep a copy for your records****