

Vacation and Sick Time Request Form

Email completed form to: payroll@coreoccupational.com

Please complete this form for all Sick and Vacation requests. Please have your supervisor sign this form for approval and submit the form with your timesheet to payroll (*email approval is sufficient for field and traveling employees*). Sick and Vacation Pay will not be paid unless a completed and approved request form is submitted to payroll.

Employee Information

Employee Name _____

Job Title _____

Date of Request _____

Type of Time Requested **Vacation:** _____ **Sick:** _____

Start Date: _____

End Date: _____

Total Hours Requested: _____

Reason/Notes: _____

Approvals

Please sign and date below. Submit this form to your supervisor for signature and approval prior to submitting to payroll for processing. If you have any questions or concerns please contact Human Resources at 225-456-2243.

Employee _____
Signature _____ Date _____

Supervisor _____
Signature _____ Date _____

Office Use Only: Leave Available:(Y/N):____ Period Processed:_____ Payroll Initials:_____