



Request for Time Off

Please submit this form Thirty (30) days prior to requested date.

Hand Deliver This Request to Home Office in Bennet, NE

or

Fax: 402-782-2780

Date Submitted: _____

Employee Name: _____

Dates Requested: _____ Ending _____

Total Number of Days to be paid: _____

Check One:

Vacation

Leave of Absence

Personal Time Off (without pay)

Date of last day worked _____ Date available to work: _____

FOR OFFICE USE ONLY

Approved: _____ Declined: _____

Days Available: _____ Days Remaining: _____

Date submitted to Payroll: _____ Initials: _____