## DRIVER REQUEST FOR TIME OFF

NAME: _____ DATE: _____
( PRINT )                        ( TIME STAMP )

FROM:_____ TO:_____
MO    "DAY   "" ""TIME      MO      DAY       TIME

TYPE OF TIME:  ( ) VACATION      ( ) PERSONAL      ( ) UNPAID

FOR THE FOLLOWING REASON:

_____

( )  APPROVED          ( )  DENIED      CODE:_____
                                        (SUPERVISOR USE)

DRIVER SIGNATURE _____

SUPERVISOR SIGNATURE _____

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( PRINT )                        ( TIME STAMP )

FROM:_____ TO:_____
MO      DAY       TIME      MO      DAY       TIME

TYPE OF TIME:  ( ) VACATION      ( ) PERSONAL      ( ) UNPAID

FOR THE FOLLOWING REASON:

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