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FLOATING HOLIDAYS/VACATION/TIME OFF REQUEST FORM

| | | | | | | | |
|---|--|-----------------|--------------------------|--|--------------------------|-----------------------------------|---|
| 1. EMPLOYEE NAME | | | 2. SIGNATURE OF EMPLOYEE | | | 3. DATE | |
| 4. TITLE | | 5. PROJECT NAME | | | 6. FIELD OFFICE LOCATION | | |
| 7. EMPLOYMENT STATUS: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY | | | | | | | |
| 8. TYPE OF REQUEST: <input type="checkbox"/> VACATION <input type="checkbox"/> FLOATING HOLIDAYS <input type="checkbox"/> TIME OFF* <input type="checkbox"/> INITIAL REQUEST <input type="checkbox"/> CHANGE REQUEST | | | | | | | |
| 9. SCHEDULE | 10. FROM (First day away from the job) | | | 11. THROUGH (Last day away from the job) | | | 12. TOTAL NUMBER OF DAYS (Do not include holidays) |
| | MONTH | DAY | YEAR | MONTH | DAY | YEAR | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| | | | | | | 13. TOTAL SCHEDULED VACATION DAYS | |
| 14. VACATION / FLOATING HOLIDAYS REQUEST <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | | | | | | | |
| 15. REASON FOR TIME OFF REQUEST | | | | | | | |
| 16. TIME OFF REQUEST <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | | | | | | | |
| 15. REMARKS:. | | | | 16. SUPERVISOR SIGNATURE | | 17. DATE | |
| 18. REMARKS:. | | | | 19. H.R. SIGNATURE | | 20. DATE | |