



Fidishun
INSURANCE & FINANCIAL



StreetSafe™
DRIVING ACADEMY
a John's company

TIME OFF REQUEST FORM

Employee Name: _____

Type of Absence Requested:

- ☐ Paid Time Off / Vacation ☐ Bereavement ☐ Time Off Without Pay
☐ Military ☐ Jury Duty ☐ Maternity/Paternity ☐ Other

Dates of Absence:

From: _____ To: _____

Dates of Absence: _____ To: _____

From: _____ To: _____

Dates of Absence: _____ To: _____

From: _____ To: _____

Reason for Absence:

Please submit requests for absences, other than sick leave, four weeks prior to the first day you will be absent.

Employee Signature

Date

Manager Approval

- ☐ Accepted ☐ Applied to Zoom Scheduler ☐ Applied to GC (Office staff only) ☐ Copied & Returned to Employee
☐ Rejected

Comments:

Manager Signature

Date

Manager Signature

Date