

GOODWILL INDUSTRIES OF NORTHEASTERN PA 925 PROSPECT AVENUE, SCRANTON, PA 18505 (570) 343-1166 | www.goodwillnepa.org

REQUEST FOR TIME OFF

NAME:		DATE SUBM	ITTED:		
(please print)					
DEPARTMENT:					
VACATION:					
I request	vacation day(s) on	(data)			
		(date)			
PERSONAL:					
I request	_ personal day on	(date)			
		(uate)			
FLOATING HOLIDAY:					
I request	floating holiday on	(date)			
		(date)			
SICK TIME:					
I request	sick day(s) on	(date)			
		(ddte)			
OTHER:					
I request	_ day(s) from	(date)	to	(date)	
		(3335)		(3335)	
Faralouse Ciamotuus					
Employee Signature:					
APPROVALS:					
Immediate Supervisor			President or		
Department Director			CEO		