



Time Off Request Form

Please select one:

- CHEVROLET HONDA NISSAN CJDRF MASERATI /ALFA THURMONT WOODSTOCK

Employee Name _____ Employee Number _____

Department _____

Date Hired _____

Days Requested Off _____

From _____ To _____

Paid Leave Sick (only Part-Time and Full-Time with less than one year service) Un-Paid

Comments _____

Manager Name (print) _____ Date _____

Manager Signature _____ Date _____

Form must be emailed to your Manager for approval. Your Manager must email this form to HR Department