

JIM GLOVER AUTO FAMILY

UNPAID VACATION REQUEST

NAME: _____

EMPLOYEE NUMBER: _____

JOB TITLE: _____

DEPARTMENT: _____

ANNIVERSARY DATE: _____

DATE OF VACATION: _____ TO _____

TOTAL NUMBER OF DAYS REQUESTED: _____

TOTAL DAYS OFF: _____

I understand that I will not receive compensation for taking the above days off work as I have no accrued time off.

EMPLOYEE SIGNATURE: _____

MANAGER SIGNATURE: _____

THIS REQUEST MUST BE IN THE OFFICE ONE WEEK BEFORE VACATION DATE.

VACATION REIMBURSEMENT WILL BE ISSUED ON THE NORMAL PAY PERIOD.