



**OregonDoor**  
we build the doors that build your reputation

## Time Off Request

Name \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT:** This form must be completed and received by your supervisor at least **24 hours prior** to requested time off.

I am requesting the following time off:

From \_\_\_\_\_ at \_\_\_\_\_  
*Date* *Time*

To \_\_\_\_\_ at \_\_\_\_\_  
*Date* *Time*

Requesting Vacation Time Off      Total Vacation Hours to be Paid \_\_\_\_\_

Requesting Time Off for \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Team Member Signature      Date

\_\_\_\_\_  
Supervisor Signature      Date

\_\_\_\_\_  
Administrative Approval      Date

**Note:** Sales team members should use alternate form.

