



PERSONAL TIME OFF REQUEST

_____	_____
Employee Name	Social Security Number

_____	_____	_____	_____
Start Date	End Date	Return Date	Number of Days
Explain: _____			

_____		_____	
Employee Signature		Date	

_____	_____
Magna Approval	Date

Office Use Only		
Was Absence		
Expected in Advance	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Reported on First Date absent	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Considered by Supervisor	<input type="checkbox"/>	<input type="checkbox"/>
	Excused	Unexcused

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