

**F&G DELIVERY LTD.**

**DAY OFF/VACATION REQUEST FORM**

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT#: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DISPATCHER: \_\_\_\_\_

TRUCK TYPE \_\_\_\_\_

REQUEST FOR DATES: \_\_\_\_\_

Seniority Date \_\_\_\_\_

TYPE OF REQUEST: VACATION: \_\_\_\_\_ PERSONAL NON PAID DAY: \_\_\_\_\_

SICK LEAVE: \_\_\_\_\_

OTHER (PLEASE STATE)

EMPLOYEE SIGNATURE: \_\_\_\_\_

Forwarded to Charles for Approval if request is longer than 30 Days.

REQUEST APPROVAL YES \_\_\_\_\_ NO \_\_\_\_\_

DISPATCHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MANAGEMENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_