



701 – 12 Ave NE
Box 236
Slave Lake, AB T0G 2A3
Office Ph: 780-849-3600
Dispatch Ph: 780-849-3820
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REQUEST FOR DAYS OFF

EMPLOYEE NAME: _____

DATE SUBMITTED TO SUPERVISOR: _____

DATE OF REQUESTED DAY(S) OFF: _____

REASON: _____

NAME OF EMPLOYEE ASKED TO COVER: _____

THEIR SIGNATURE: _____

****WILL YOU WANT TO TAKE ANY VACATION PAY? (YES OR NO): _____**

(IF you want vacation pay, please fill out the Vacation Pay Request Form)

EMPLOYEE SIGNATURE: _____

EMPLOYER SIGNATURE: _____