

ONTARIO INSULATION OSHAWA LIMITED

VACATION AND LEAVE REQUEST FORM

I, _____, would like to request time off as follows:
(Requester's Name - Print)

| Date (s) | Full Day/Half Day/Hours | Vacation | Bereavement |
|----------|-------------------------|----------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

(Signature of Employee)

(Date)

☐ **Approved**

☐ **Declined**

(Signature of Department Manager)

(Date)

HUMAN RESOURCES ONLY:

Employee Process:

- Fill in form-Vacation and Leave Request
- Submit completed form to Manager

Employer Process:

- ☐ Manager will submit directly to HR
- ☐ HR will update Outlook Calendar
- ☐ HR will give employee a signed copy

☐ Completed: Date _____