

**Calco Concrete Pumping, Inc.**

**PAID LEAVE REQUEST FOR TIME OFF FORM**

**HEALTHY PAID LEAVE**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**START DATES REQUESTED:** \_\_\_\_\_

**END DATE REQUESTED:** \_\_\_\_\_

**TOTAL HOURS PAID:** \_\_\_\_\_

**TOTAL PAID DAYS:** \_\_\_\_\_

**REASON FOR REQUEST:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EARNED SUPPLEMENTAL PAID LEAVE (VACATION) EARNED**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**START DATES REQUESTED:** \_\_\_\_\_

**END DATE REQUESTED:** \_\_\_\_\_

**TOTAL HOURS PAID:** \_\_\_\_\_

**TOTAL PAID DAYS:** \_\_\_\_\_

**REASON FOR REQUEST:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TIME OFF WITHOUT PAY**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**START DATES REQUESTED:** \_\_\_\_\_

**END DATE REQUESTED:** \_\_\_\_\_

**TOTAL HOURS PAID:** \_\_\_\_\_

**TOTAL PAID DAYS:** \_\_\_\_\_

**REASON FOR REQUEST:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVAL SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Routing

- Area Manager
- Human Resources