



INSULATION SUPPLY COMPANY

1901 HARPERS WAY * TORRANCE * CA * 90501
P.O. BOX 5249 * TORRANCE, CA 90510
PHONE: 310-224-7319 * FAX: 310-224-7378

REQUEST for TIME OFF

Name _____ Date _____

According to records maintained by Human Resources, I am entitled to the following number of days off. I am requesting to use a portion or all of the days available as indicated below. I also understand that if I am an hourly employee, I may request vacation time in advance through the payroll system in lieu of using this form.

of Vacation Days available: _____ # of Vacation Days requested _____

of Personal/Sick days available: _____ # of Personal/Sick days requested: _____

_____ to _____
FIRST day of vacation/personal time off First day back to work

FOR A TOTAL OF _____ DAYS

To help you in scheduling time off work, please note the following:

- All requests for vacation or personal time must be submitted to your supervisor or manager.
- Vacations may be scheduled in half days (4 hours), full days, or full week increments, subject to approval by the manager or supervisor.

EMPLOYEE

SUPERVISOR

The final decision regarding approval of requested time off will be made by management, in consideration of production and work requirements.

EMPLOYEE: Please return this form to your supervisor upon completion.

MANAGEMENT: Please provide a copy of this form to Human Resources for placement in the employee file.