



3564 North Ocean Blvd
Fort Lauderdale, FL 33308

Vacation/Comp / Personal Day Request

Name: _____

Date of Request: _____

Requesting:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Sick |
| <input type="checkbox"/> Comp | <input type="checkbox"/> Extra Hours Worked
(Re-Store) |
| <input type="checkbox"/> Personal | |

Date(s): _____

Day(s): _____

Hours: _____

Employee signature: _____

Approved: Yes No

If no, why? _____

Approved by: _____

Date of approval: _____