



**POLANER**  
SELECTIONS  
OPEN YOUR MIND & TASTE

## PAID TIME OFF REQUEST FORM

### REQUESTED BY

Employee Name: \_\_\_\_\_

DATE \_\_\_\_\_

### REVIEWED BY

Manager Name: \_\_\_\_\_

### PAID TIME OFF REQUESTED

<u>Type of Leave</u>	<u>Start Date</u>	<u>End Date</u>	<u>Number of Days</u>

### COMMENTS

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*Time off can be used in minimum increments of 1/2 days and vacation time can be used in maximum increments or 10 consecutive work days. All requests must be approved by your manager and must be submitted in writing on a request form a minimum of 30 days in advance.*