



159 -17735 1 Ave , Surrey, BC V3S 9S1
Tel: (604) 535-1825 Fax: (604) 535 -1337

margaret@spadytransport.com

Vacation and Time Off Request Form

Name: _____

DETAILS OF TIME OFF

Please indicate:

_____ Time off request Date: _____ Time: _____

_____ Vacation request From: _____ To: _____

Notes or other Details:

Employee Signature: _____ Date: _____

Approved by: _____ Date: _____

For Office Use

Amount of Holiday Time Used: _____

Amount of Holiday Time Remaining: _____

Other Comments: