



Request Time Off Form

Today's Date: 03/16/20

Employee Name: Machana Jackson

Shift: 1st Department: Research

Date(s) Requested off:

Reason: Throat is hurting

Approver's Name: Stephanie Reed-Coffey
Stephanie Reed-Coffey

Approver's Signature: Stephanie Reed-Coffey

Randstad Representative use only:

Date Received: _____ Representative: _____
Sent calendar invite: Yes No