



PERSONAL TIME OFF REQUEST

| | |
|----------------------|-------------------------------|
| _____ | _____ |
| Employee Name | Social Security Number |

| | | | |
|---------------------------|-----------------|--------------------|-----------------------|
| _____ | _____ | _____ | _____ |
| Start Date | End Date | Return Date | Number of Days |
| Explain: _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | _____ | |
| Employee Signature | | Date | |

| | |
|-----------------------|-------------|
| _____ | _____ |
| Magna Approval | Date |

| Office Use Only | | |
|--------------------------------------|-------------------------------------|---------------------------------------|
| Was Absence | | |
| Expected in Advance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reported on First Date absent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Considered by Supervisor | <input type="checkbox"/> Excused | <input type="checkbox"/> Unexcused |