

Mecosta Osceola Transit Authority

TIME OFF REQUEST FORM

Employee name: _____

Date(s) requested: _____

Reason for time off: _____

Hours to be used as Personal Day(s): _____

Hours to be used as Sick Day (s): _____

Hours to be used as Vacation Day(s): _____

Hours to be used as Unpaid Day(s): _____

Operator Signature

Date

Supervisor Signature

Date

Director Signature (approval)

Date