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Employee Time Off Request Form

Employee Name (Print): _____

Type of Request

1.) Bereavement ____ 2.) Jury ____ 3.) Unpaid ____ 4.) Personal Hours ____

***Personal time requests need to be turned in at least 7 days prior to requested day off. ***

***PTO will be paid out 12 days after week ending date (Saturday) ***

***The dates are the dates you are requesting off; not the pay date. ***

***Put each week on its own sheet (Sunday to Saturday) ***

WEEK DAY	DATE REQUESTED OFF	# TIMEBANK HOURS TO BE PAID
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

1.) Bereavement name _____ relation _____

2.) Jury Duty: must be able to provide proper documentation.

3.) Unpaid cannot claim unemployment.

4.) If P.T.O, start date _____ available to return _____

Employee Signature: _____ **Date:** _____

Office Use Only

Hire Date: _____ Seniority Date: _____ Full Time: (Y/N): _____

Entered into the client as scheduled leave (initial/date): _____

Time Off Request

Is Request Paid (Y/N): _____ If Yes, Include Number of Hours Paid: _____

Is Request Approved (Y/N): _____

Reason If not Approved: _____

Management Signature: _____ **Date:** _____

Follow Up:

Proof Provided (Y/N): _____

Proof Provided To: _____ Date Provided: _____

Hours Paid: _____ On Payroll Week of: _____

By: _____ Date: _____