



**SCHEDULE / HOLIDAY / TIME OFF  
REQUEST FORM**

Falken Industries understands the need for a balanced home & work life. However, proper security coverage must still be maintained. Please provide as much notice as possible when requesting time off and every reasonable effort will be made to accommodate your request. Requests for time off are approved on a first come – first served basis, and short notice requests MAY not be approved. Be courteous to your fellow co-workers. When complete, submit this form to your immediate supervisor.

Do not make any travel or other commitments until you receive written approval for the requested time off. Also, submission of this request form does NOT guarantee that your request will be granted.

NAME: \_\_\_\_\_

SITE / LOCATION WORKED: \_\_\_\_\_

REASON FOR REQUEST (vacation, Dr. Appt., funeral, etc...): \_\_\_\_\_

REQUESTED FIRST DATE OFF: \_\_\_\_\_

REQUESTED RETURN TO WORK DATE: \_\_\_\_\_

TOTAL # OF DAYS REQUESTED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

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FOR FALKEN MANAGEMENT USE ONLY

FIRST SUPERVISOR RECOMMENDATION:    YES    NO

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

REASON GIVEN (If Any) : \_\_\_\_\_

FALKEN CORPORATE APPROVAL:    YES    NO

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

REASON GIVEN (If Any) : \_\_\_\_\_