

**DRIVERSOURCE, INC.
TIME-OFF REQUEST FORM**

Date: _____

Employee Name: _____ SS# _____

DriverSource, Inc. Customer Assignment: _____

Type of leave requested:

_____ 1 week off _____ 1 full day off _____ 2 full days off
_____ Partial day off _____ Personal leave _____ FMLA Leave

Date leave to begin: _____

Return to work date: _____

Reason for leave (please circle):

Illness Personal Vacation Jury Duty Other

Briefly explain reason for leave:

If requesting vacation pay check:

For the time requested off above, I would like my vacation pay check issued to

me the week ending _____

I am choosing not to take my vacation time; However, I would like my vacation check

issued to me the week ending _____

Employee Signature: _____ Date: _____

DRIVERSOURCE USE ONLY

DriverSource Authorization: _____ Date: _____