## WMC Time Off Request Form

Please complete this form at least one week prior to proposed vacations, personal leave use, and scheduled medical appointments.

Employee Name:	
Proposed Date(s):	
Vacation Personal Leave	e Sick Leave
Updated in Company Calendar Updat	ed in Employee Time Sheet
Proposed Hours Taken:	
If appointment request, time frame of appointment:	
Employee Signature	Date
Supervisor Signature	Date

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