

**NAPA DEVELOPMENT CORPORATION
TIME OFF FORM
(USE SEPARATE FORM FOR EACH CALENDAR WEEK)**

Employee Name _____ Date _____

DATES

MON _____

TUES _____

WED _____

THURS _____

FRI _____

Number of Days to be Paid _____

Reason for Request:

- Vacation**
 Scheduled **Non-Scheduled**

Jury Duty

Bereavement Relationship: _____

Personal (1)

Other

Comments: _____

Sick

Late Arrival/Early Quit _____ **Start Time** _____ **Out Time**

Reason: _____

Date

Employee's Signature

Date

Supervisor's Signature