

PROFESSIONAL
EMPLOYMENT
GROUP

*personnel
resources
that work*

999
EXECUTIVE
PARKWAY

SUITE 204

SAINT
LOUIS,
MISSOURI
63141

314/
275-2000

Time-Off Request and Approval

Name: _____

Date(s) Requested: _____

Number of Days/Hours: _____

Time-off Type: Vacation
 Personal
 FMLA
 Military
 Other

Comments:

Employee's Signature

Date of Request

Assignment Details:

Client supervisor is aware of request: Yes No

Client Name: _____

Supervisor Name: _____ Phone Number: _____

The Time-Off Request is: Approved
 Denied
 Needs Rescheduled

PEG Supervisor's Signature

Date