



TIME AWAY FROM OFFICE FORM

Employee's Name:	Today's Date:
Zen Office: (Only mark one box; the office where you normally report to work.)	<input type="checkbox"/> Zen Brands International <input type="checkbox"/> Zen CA <input type="checkbox"/> Zen MA <input type="checkbox"/> Zen OK / Top Flight Distribution

TYPE OF REQUEST:				
<input type="checkbox"/> Vacation, paid	<input type="checkbox"/> Vacation, Un-paid	<input type="checkbox"/> Sick Time, paid	<input type="checkbox"/> Sick Time, Un-paid	<input type="checkbox"/> Bereavement
Start Date:	End Date:	Total # of Days Off (do NOT include weekends):		
Complete this section <u>ONLY</u> if a partial day (hours only) is needed.				
Total # of Hours Requested: _____ Start From: _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM End On: _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM				
<ul style="list-style-type: none"> ✓ I understand that time away from work is subject to management approval and company policies. ✓ All requests must be submitted 2 weeks in advance. ✓ I understand my absence will be paid or unpaid, based on my eligibility, along with any available accrued and earned vacation, or sick leave hours. ✓ I understand that if I am a new hire, I am unable to use any accrued and earned time until after I've completed continuous employment for 90-days. ✓ I will obtain supervisor/manager's approval and understand that I am responsible for submitting this form to the Human Resources/Payroll office. ✓ Emergency time-off will be handled on a case-by-case scenario. 				
_____ Employee Signature		_____ Date		

MANAGEMENT SECTION:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Denied; Employee must reschedule time off		
_____ Supervisor/Manager's Name	_____ Supervisor/Manager's Signature:	_____ Date
Remarks: _____		