



2132 South 156th Circle
Omaha, NE 68130
(402) 346-1881

OFFICE STAFF APPLICATION FOR DAYS OFF

Name: _____

Request Date: _____

Vacation Day

My time off starts on:

Date _____

Day of the Week _____

I will be off for _____ day(s).

_____ paid vacation days available prior
to this application.

I will return to work on:

Date _____

Day of the Week _____

Nonpaid Day

My time off starts on:

Date _____

Day of the Week _____

I will be off for _____ day(s).

I will return to work on:

Date _____

Day of the Week _____

Approved by: _____

Added to the Calendar: _____

Notes from Payroll Department: