

**SOUTHWEST GENERAL CONTRACTORS, INC.
TIME OFF / VACATION REQUEST**

YOUR NAME

TODAY'S DATE

TIME OFF DATES

TOTAL NUMBER OF DAYS REQUESTED

REASON FOR TIME OFF Vacation, Doctor Appt, etc.

YOUR SIGNATURE

SUPERVISOR'S APPROVAL & DATE

SWGCOFFICER APPROVAL & DATE

VACATION REQUESTS MUST BE APPROVED BY YOUR IMMEDIATE SUPERVISOR AND BY A SWGC OFFICER
Submit vacation requests at least 3 weeks in advance
Submit other time off requests at least 3 days in advance