

**McLaurin True Value Hardware**  
**Vacation or Time-Off Notification Form**

Before completing this form, please review MTVH's Employee Guidelines Handbook Vacation Policy [Section D.1 Vacation], and Work Schedules & Scheduling Adherence [Section D.2]. To help us confirm your vacation, or time off request, please do the following:

- \* Print information legibly
- \* Complete all information
- \* Use Ink, Not pencil
- \* Provide 60 days notice for requests of vacation or time off lasting less than one (1) week.
- \* Provide 90 days notice for requests of vacation or time off lasting more than one (1) week.

\*\* Notices of less than sixty (60) days will be considered subject to scheduling conflicts or MTVH's emergency scheduling needs.

Name: \_\_\_\_\_

Employee Status:  Hourly Full-Time  
 Hourly Part-Time

**Vacation/Time Off Dates Requested**

**First Choice**

Date of Departure:  Time of Departure   
Date reporting back to work:  Time reporting back to work:   
Authorized by Management:   
Time off request denied by Management:   
Management suggest shift swap with co-worker:

**Second Choice**

Date of Departure:  Time of Departure   
Date reporting back to work:  Time reporting back to work:   
Authorized by Management:   
Time off request denied by Management:   
Management suggest shift swap with co-worker:

**Third Choice**

Date of Departure:  Time of Departure   
Date reporting back to work:  Time reporting back to work:   
Authorized by Management:   
Time off request denied by Management:   
Management suggest shift swap with co-worker: