



LANDMARK

Time Off Request

Please complete this form for all time off requests greater than 2 hours per week. Submitting your request does not guarantee that your time off will be approved. Excessive time off will impact your performance and possibly your benefits. Our clients may accommodate your request, but it may still impact your performance standing with Landmark and your placement on future work assignments. Landmark's standard policy is to limit time off requests for the first 6 months while on your assignment. Time off requests should be submitted 2 business days before the date of request. If you are absent due to illness or due to an emergency please contact Landmark directly. Requests will be reviewed by our Human Resources Department, who will notify you if your time off request has been approved.

Completed by Employee

Name: _____

Assignment #: _____

Company Name: _____

Date(s) Requested: _____

Personal Time

Sick Time

Other

Reason: _____

Request Completed By (Signature): _____

Completed by Landmark Representative

Approved

Excused

Client Notified

Not Approved

Unexcused

By: _____

Landmark Representative

Comments: _____

Please fill out, sign and email this form to timeoff@landmarkstaffing.com or fax to 920.731.6827