



Request for Time Off

City of Mishawaka
600 E. Third St
Mishawaka, IN
46544

Please Check: VACATION PERSONAL HOLIDAY
 FTO OTHER
 COMP

Name: _____

Date: _____ Department: _____ Shift: _____

of Days Requested: _____ Advance Pay if Available? YES NO

Period: From _____ thru _____

Employee Signature: _____

Approved: _____ Date: _____