

**MES&S****General Contractors, Inc.**

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REQUEST FOR DAYS OFF FIELD STAFF

NAME: _____**DATE SUBMITTED:** _____**NUMBER OF DAYS REQUESTED OFF:** _____**DATES OF DAYS REQUESTED OFF:** _____**PROJECT(S) THAT WILL BE AFFECTED:** _____

REASON FOR TIME OFF: _____
(Check where applicable) Vacation: _____ Personal: _____ Other: _____

WILL THIS VACATION TIME BE PAID: YES: _____ NO: _____

PREVIOUS TIME TAKEN OFF: _____**COMMENTS:** _____**APPROVALS:**

SUPERINTENDENT Date: _____

PROJECT MANAGER Date: _____

John A. McIntyre Date: _____

Mark Freeman Date: _____

Ryan McIntyre Date: _____

DISTRIBUTE APPROVED REQUESTS TO THE PROJECT MANAGER AND SUPERINTENDENT

Revised 04/07/2016

McIntyre Elwell & Strammer General Contractors, Inc. • Construction Managers

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GA License GCCO002502