

REQUEST FOR TIME OFF - CLIFFS MICHIGAN OPERATIONS

Requests must be turned in to your Department Associate no later than 7:00 am on Wednesday of the week prior to the date requested off, unless there are circumstances demanding immediate (emergent) action or there is a schedule change that now requires you to miss work.

Name _____ Today's Date _____

Payroll # _____ Phone _____ Date(s) Requested Off _____

Is this for a medical, dental, or vision appointment: Yes No (circle one)

If yes please specify:

Appointment Type: medical dental vision (circle one) Time: _____

Appointment Location (City, State only): _____

If you have been approved for FMLA for this appointment, please check here _____ and be sure to record all time missed for this appointment as FMLA on your timecard.

Other Reason for Request: _____

Pre-scheduled medical, dental, and vision appointments that meet the criteria on the reverse of this form may be approved by your Department Associate. All other requests require Manager or HR/LR approval.

Approved _____ Denied _____ Full or Partial Shift _____

Comments: _____

Department Associate: _____

Signature

Date

Manager or HR/LR: _____

Signature

Date

Please return to Department Associate

c: Employee
Labor Relations