



## Time Off Request Form

**Time off requests must be submitted 30 days in advance.**

**Once your supervisor has approved this form please submit it to  
timeoffrequest@amcllc.net or fax to 801-676-1653**

Employee Information	
Name	
Employee ID	
Property	
Today's Date	

Time Off	
Starting On	
Ending On	

Date	Amount of Vacation to Use	Amount of Sick Time to Use	Amount of Unpaid Time

Under AMC policy sick time may not be used to extend a vacation. If you anticipate an extended medical absence, please contact Taylor in the Human Resources Department at [t.jenkins@amcllc.net](mailto:t.jenkins@amcllc.net) or 801-676-1265

Comments:

This is a request form only and does not guarantee the requested time will be granted.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Approval: \_\_\_\_\_

Date: \_\_\_\_\_

RPM's Approval: \_\_\_\_\_

Date: \_\_\_\_\_