

MINNESOTA



**HORSE & HUNT
CLUB**

WAITSTAFF TIME OFF REQUEST FORM

Employee Name: _____

Date of Request: _____

Dates Requested Off: _____

Less than 2-week notice? Yes No

If Less than a 2-week notice given, you will need to find your own replacement.

Who is filling in for you? _____

If more than one-shift,
please identify person
filling in for each shift.

Employee Signature: _____

OFFICE USE ONLY: Manager Approval: Yes No Manager Initials: _____