

**Benefit Request Form**

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

Please circle the type of Benefit Day you're requesting:

**Vacation**

**Sick**

**Personal**

**Dates Requested:** \_\_\_\_\_

**Last Date at Moore:** \_\_\_\_\_

**Date of Return to Moore:** \_\_\_\_\_

**Total Number of Days you're Requesting:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**CC: Supervisor**  
**Employee**  
**Human Resources**