RECOMMENDATION FOR TIME OFF INCENTIVE AWARD

Reset Form

Name _____ Date of recommendation _____

Store / department _____ Job title / description _____

A. TIME OFF FOR OUTSTANDING PREFORMANCE

Number of Hours/Days Requested _____

Justification for the Award _____

B. REQUIRED SIGNATURES

Award Requested by:_____

Approving Authority For one to four hours - Supervisor Level_____

Approving Authority For five to sixteen hours - Upper Management Level_____

Approving Authority For seventeen or more hours - Retail Director_____