

**COASTAL TRANSPORT CO., INC.**

1603 Ackerman Road  
San Antonio, TX 78219

**OFF-DUTY REQUEST**

**EMPLOYEE NAME:** \_\_\_\_\_

**TERMINAL:** \_\_\_\_\_

At my own request, I am requesting permission **TO BE OFF** from work on:

\_\_\_\_\_

**Reason:**

\_\_\_\_\_

At my own request, I hereby certify that I **WAS OFF** from work on:

\_\_\_\_\_

**Reason:**

\_\_\_\_\_

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I understand in the event I am off duty for more than **7 calendar days**, I am required to pay the full cost of the health insurance premium, and these premiums are due on the first of each month.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Approval:**

\_\_\_\_\_  
Terminal Manager's or Supervisor's Signature

\_\_\_\_\_  
Date