

Advantage Sentry And Protection

TIME OFF REQUEST FORM

To: _____
Supervisor / Manager

Date: _____

From: _____
Officer / Agent (Print Name)

I am formally requesting that I be given the following day(s) off:

From (date): _____ To (date): _____

From (date): _____ To (date): _____

From (date): _____ To (date): _____

I understand that I am not guaranteed to get the day(s) off that I have requested. I also understand that the approval or disapproval of my request will be based on the needs of the company and whether or not the shift(s) can be covered.

REQUESTS MUST BE MADE IN WRITING, EXCEPT IN CASES OF AN EMERGENCY. ALL REQUESTS MUST BE SUBMITTED, AT A MINIMUM, OF AT LEAST 1 WEEK IN ADVANCE OF THE REQUESTED DAY(S) OFF.

Signature: _____
Officer / Agent (if submitting electronically type employee number here)

Date: _____

APPROVED

DENIED

By: _____
Supervisor / Manager

Date: _____

cc: Manager _____

Supervisor _____