

**REQUEST FOR TIME OFF**

**REED'S CLEANING SERVICES**

TODAY'S DATE \_\_\_\_\_ EMPLOYEE NAME \_\_\_\_\_

DAY(S)/DATE(S) REQUESTED OFF \_\_\_\_\_

REASON/COMMENT \_\_\_\_\_

REQUEST FOR TIME OFF:

1. **Employee must fill out form at least two weeks before time off is needed.**  
This form needs to be given to Reeds Office staff or your immediate supervisor.  
You will be responsible to make sure the above people receive the request.
2. Forms must be used for all time off requests, including vacations.
3. Forms will be reviewed and approved or not approved within 3 days and employee will be notified.
4. Approved time off from work will be determined by length of employment, vacation times, absences, holidays, work demands, etc.
5. Employees who have worked for one year or 1650 hours are eligible for Family Medical Leave, up to 12 weeks per year.
6. Approved time off from work is not considered an unexcused absence.
7. There will be no approval for Request for "time Offs" on the week of July 4<sup>th</sup> or Christmas week.

\_\_\_\_\_ **For office use only** \_\_\_\_\_

Date Reviewed \_\_\_\_\_ Reviewed by \_\_\_\_\_

**APPROVED**  **NOT APPROVED** **SIGNED** \_\_\_\_\_

Copy to Employee  YES  NO      Marked on Calendar  YES  NO

ASSIGNED ACCOUNTS \_\_\_\_\_

Employee to turn in account keys during time off  YES  NO

SPECIAL NOTES: (supplies, equipment, alarm codes, etc.)

\_\_\_\_\_