

REQUEST FOR TIME OFF

REED'S CLEANING B SERVICE

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 1250 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 4th 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.)
