



Security Eye Patrol, Inc.  
**Day Off / Vacation Request Form**



Name \_\_\_\_\_ Employee # \_\_\_\_\_

The following form is only a **request** for time off which is only granted after signed and approved by the scheduling department. This request can be submitted to the office at 2282 Fourth Street, Livermore, CA, or via fax at 925-215-2425. If you do not hear from the scheduling department within 48 hours of submission, please contact the office at 925-455-6585. You must assume that your request has **not been granted** until you have a signed approval.

Requests must be submitted ten (10) days prior to the start date.  
 Only Schedulers can authorize changes the schedules.  
 Employees may not work with other employees to change schedules.

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.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

**Start:**

Day of the week \_\_\_\_\_ ( Example = Monday )

Date \_\_\_\_\_ (Example = March 4, 2009)

**Will Return to work:**

Day of the week \_\_\_\_\_ ( Example = Monday )

Date \_\_\_\_\_ (Example = March 4, 2009)

Reason for the request? \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Declined: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use Only

Date Received \_\_\_\_\_ Entered into database ? Y / N Date entered \_\_\_\_\_