

REQUEST FOR TIME OFF

OFFICER'S NAME: _____ DATE: _____
REQUESTED DATES OFF: From _____ To _____
LAST DAY WORKING: _____ FIRST DAY BACK: _____

CLIENT SITE ASSIGNED: _____

REASON FOR REQUEST: _____

OFFICER'S SIGNATURE: _____

All time off requests must be submitted in writing with at least 7 days notice.

If you are assigned to a site that has a lead officer, supervisor or post commander assigned, that individual must approve your time off request prior to it being submitted to the scheduler.

YOU NEED TO CONFIRM YOUR APPROVAL PRIOR TO TAKING THE REQUESTED TIME OFF.

If you proceed to take the time off without proper approval, it will be considered an unauthorized absence. All requests are subject to disapproval due to contractual agreement, client requirements and avoidance of unbillable overtime.

Received by Supervisor, Date & Initials: _____

Received by Scheduler, Date & Initials: _____

Approved _____ Disapproved _____

If Disapproved Reason Given: _____