

AlliedUniversal Security Services Time-off Request Form

Time Off Information

Employee Name: _____

Employee Number: _____ Account: _____

Manager: _____

Type of Absence Requested:

☐ Vacation ☐ Sick (If Applicable) ☐ Military (Must provide documentation) ☐ Other _____

Reason For Absence: _____

Day(s) and Date(s)
of Absence: _____

All requests for time off must be submitted two (2) weeks in advance.

Employee Signature

Date

Manager / Scheduling Supervisor Approval

Hours available per Vacation Look-Up

☐ Time Off / Payout Approved

☐ Time Off /Payout Rejected

If Rejected, Why:

For time off approvals :

☐ Employee and vacation time/entered into weekly schedule

☐ Employee(s) covering shift(s) entered into weekly schedule.

All shifts should be filled using employees with less than 40 scheduled hours first, as to not incur overtime.

Manager Signature

Date