



Security Eye Patrol, Inc.
 2282 Fourth Street, Livermore, CA 94550
 (925) 455-6585 office (925) 215-2425 fax
www.securityeyeinc.com

DAY OFF/ VACATION REQUEST FORM

NAME: _____ EMPLOYEE NUMBER: _____

The following is only a **request** for time off, which is granted only after being signed and approved by the Scheduling Department. This request can be submitted to the office at 2282 4th Street, Livermore, CA, via fax at 925-215-2425, via Email: sepscheduling@icloud.com, or text to 925-518-9498. If you do not hear from the Scheduling Department within 48 hours of submission please contact the office at 925-455-6585. Please assume this request has not been approved until you heard from us.

Requests must be submitted ten (10) days prior to the requested Days off
Only Schedulers can authorize schedule changes
Employees MAY NOT work with other employees to changes schedule/trade shifts

I understand that I am not guaranteed to get the day(s) off 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) you requested off can be covered.

Employee Signature: _____ Date: _____

Beginning Date Requested Off:

Day of Week: _____ (Example: Monday)

Date: _____ (Example: March 4, 2018)

Return to Work Date:

Day of Week: _____ (Example: Tuesday)

Date: _____ (Example: March 5, 2018)

Reason for Request: _____

Approval: _____ Date: _____

Declined: _____ Date: _____

For office use: Date Received _____ Entered into database? Y / N
