

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

Name _____ Employee # _____

Today's Date _____

Start:

Day of the Week _____ (Example: Monday)

Date; _____ (Example March 5, 2002)

Will Return to Work:

Day of the Week _____ (Example: Monday)

Date; _____ (Example March 5, 2002)

Reason:

Notes:

Except in emergency cases, requests must be submitted ten (10) days prior to start date.

Approval:

Request Approved By: _____