

# TIME OFF REQUEST FORM

Turn this request in to the Brothers Cleaning Services office for approval



EMPLOYEE INFORMATION	
TODAY'S DATE: _____	ACCOUNTS: _____
NAME: _____	POSITION: _____
NUMBER OF DAYS REQUESTED: _____	
STARTING ON: _____	ENDING ON: _____
I WILL RETURN TO WORK ON: _____	

TYPE OF REQUEST	
<input type="checkbox"/> VACATION or PERSONAL	<input type="checkbox"/> SICK (INCLUDING BEREAVEMENT)
<input type="checkbox"/> *JURY DUTY	Explanation for request: _____
<input type="checkbox"/> *MILITARY LEAVE	_____
<b>These days are to be:</b>	<input type="checkbox"/> *LEAVE OF ABSENCE
<input type="checkbox"/> Paid Time Off (If available to use)	<input type="checkbox"/> Unpaid Time Off
<i>Paid Time Off must be used before Unpaid Time off allowance is used</i>	

EMPLOYEE CERTIFICATION	
<ul style="list-style-type: none"><li>✓ I understand that time away from work is subject to management approval and company policies.</li><li>✓ We would like to grant all requests; however we reserve the right to deny any request in accordance with business needs.</li><li>✓ Time off cannot be taken until your request has been approved <u>AND</u> this form has been returned to you with an authorized signature <u>AND</u> the "Approved" box below has been checked.</li><li>✓ Make sure you have time-off available. If unsure, call Leanne in the BCS Office.</li><li>✓ In order to consider your request, these instructions must be followed, or your request may be denied.</li><li>✓ Emergency time-off will be handled on a case by case scenario by management discretion.</li><li>✓ ALL <u>LEAVE OF ABSENCE</u> REQUESTS ARE TO BE MADE DIRECTLY TO HUMAN RESOURCES!</li></ul>	
EMPLOYEE SIGNATURE: _____	DATE: _____

APPROVAL	
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	REMAINING DAYS AVAILABLE: _____ V _____ S
Supervisor/Manager Approval: _____	Date: _____
Office Manager Comments: _____	
_____	
Payroll Input: _____	Date: _____
<i>Routing: Forward this form to the Office Manager for processing. Return a photocopy to employee once a determination has been made. Forward original to Office Manager the day after use, confirmation &amp; checked off. OM will forward to HR.</i>	

PLEASE SEE OTHER SIDE FOR TIME OFF POLICY

## TIME OFF POLICY (Hourly Personnel)

This **Time Off Request Form** must be used for all time off requests.  
**\* This includes Holidays, if you are scheduled to work on that day.**

This form must be filled out completely & submitted to Steve Avery for consideration. A copy will be returned to you verifying written approval by a Manager, BEFORE any time off can be taken.

Requests for time off are usually not approved in the first 90 days of employment. If you request time off around more than one of the three holidays of Thanksgiving, Christmas and New Years, usually only one request will be approved, so others may have a chance to take time off.

Paid or unpaid time off will not be carried forward to the following year. If business needs prevent an employee from taking time off, management may allow a maximum three (3) month carry-over grace period. Paid time off must be used before unpaid time off. A maximum of forty (40) hours sick time may be carried over from one year to the next. Use of sick leave is capped at 40 hours per year.

The following shows the maximum time off allowed for Part-Time and Full-Time employees, per year (based on anniversary date), for vacation / personal time off. Sick leave accrues on a calendar year basis, beginning January 1, 2016:

	During First Year	After 1 Year	After 3 Years
<b>PART-TIME</b>	Up to 40 hrs. paid sick time 1 week unpaid time off	Up to 40 hrs. paid sick time 1 week unpaid time off	Up to 40 hrs. paid sick time 2 weeks unpaid time off
<b>FULL-TIME</b>	Up to 40 hrs. paid sick time 1 week unpaid time off	Up to 40 hrs. paid sick time 1 week paid time off 1 week unpaid time off	Up to 40 hrs. paid sick time 1 week paid time off 1 week unpaid time off

Employees should make reasonable attempts to schedule sick leave when it is least disruptive to Brothers Cleaning Services and to provide reasonable notice of at least 10 days of their intention to take sick leave when that leave is foreseeable. If the need to use sick time is unforeseeable, employee shall provide notice to Brothers as soon as practical.

TIME OFF requests should be made 14 days prior to the requested time off (with the exception of sick time). If your request is urgent and you want to request time off less than 14 days in advance (unless sick time), **YOU MUST CALL STEVE AVERY BETWEEN 4-5PM** and speak to him directly! **If you are sick or cannot come to work that evening, you must CALL THE OFFICE AS SOON AS POSSIBLE at (541) 484-9402 and let them know.** This gives Steve Avery an advance warning you may not be able to clean your account that evening. **YOU MUST STILL CALL STEVE AVERY BETWEEN 4 pm and 5 pm., and CONFIRM YOUR STATUS WITH HIM.**

Paid TIME OFF cannot be cashed out in lieu of taking the time off. A written "request for paid time off" form must be submitted prior to an employee being paid for missed time and must be submitted within ten (10) days after the absence to ensure timely payment. Requests will be processed within the pay period the leave applies to or on the following paycheck after the form is received in the office.

**\*A request for all Leave of Absences and Jury Duty should be made directly to Human Resources. Request forms and medical certification forms are available in the HUMAN RESOURCE office.**