

CONTINENTAL SECRET SERVICE BUREAU, INC
REQUEST for TIME OFF

Instruction:

When requesting a day off, please complete this form and forward it to our office **no later than fourteen (14) days prior to** the date in order for us to assure coverage for that shift. Approval or denial will be determined by our ability to provide coverage for that shift.

Officer's Name: _____

Days requesting off: _____ Site: _____

Reason: _____

Officer's Signature: _____ Date: _____

Supervisor's Approval Signature: _____ Date: _____

Approval _____ Denial _____ Reason: _____

Signature (Office Acknowledgement): _____ Date: _____

Note: Any requests for time off between November 16th and January 14th will be denied in conjunction with our vacation policy please see handbook.

HR 111214

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