

SCC Cleaning Company, Inc

Time Off Request

Employee Name

Location

Choose Type of Leave

Check One

- Birthday
- Jury Duty
- Leave of Absence
- Sick Time
- Vacation Time
- Bereavement Leave (Funeral)
- Comp Time
- Employee of the Month (**Attach
Employee of the Month Form**)
- Other _____

- Paid
- Un-Paid

List Each Date of Time Off: _____

Number of Days Requested Off: _____

Number of Hours Requested Off: _____

I understand that the above requested time is subject to approval by my supervisor and may need to be changed. I also understand that if the time I have listed above is extended I will notify the home office, 1-800-472-1007, immediately.

NOTE: Vacation time must be submitted in writing two to three weeks prior to requested dates off. SCC Cleaning Company, Inc. reserves the right to review all submitted dates. Alternate dates may need to be considered for scheduling purposes.

Employee Signature:

Date Submitted:

Managers Signature:

Date Approved: