



# Vacation / Time Off Request Form

**Submit requests by Fax or E-mail To: (312) 902-4319 or PTO@titan-security.com**

General Information			
Employee Name:		Date Submitted:	
Employee ID Number:		Employee E-Mail (Required):	
Check <b><u>ONE</u></b> of the Following:	<input type="checkbox"/> Vacation <input type="checkbox"/> Sick* <input type="checkbox"/> Jury <input type="checkbox"/> Birthday <input type="checkbox"/> Wellness* <input type="checkbox"/> Personal Day <input type="checkbox"/> Funeral* Please state relationship _____ <input type="checkbox"/> Vacation Pay Without Any Time Off              Total Hours of Pay _____		
Job Site Name/Address: _____		Pay To Be Received On (Check Date): _____	
<i>Minimum 30 Days or CBA Notice</i>			

**The PTO department will e-mail you with approval or denial of your request within 5 business days of receipt of this form.**

Signature	
Security Officer Signature:	

Fill Out Days Requesting to be Scheduled off: Dates, Hours Per Day and a Total Number of Hours.				
Day of the Week	Date	Scheduled Start Time	Scheduled End Time	Total Hours
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
<b>Total Hours to be Paid:</b>				
<b>Note: Sites with a collective bargaining agreement Approvals are subject to change within 30 days of said request date should someone with higher seniority at same site request the time off.</b>				

OFFICE USE ONLY
Date Received :
Approved/Denied: <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Reason) _____
E-mailed Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No Entered in Time-off Planner: <input type="checkbox"/> Yes <input type="checkbox"/> No Entered in Calendar: <input type="checkbox"/> Yes <input type="checkbox"/> No Entered in PTO Log: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Processed: _____
Processed By: _____
Collective Bargaining Unit:
<input type="checkbox"/> ABOMA <input type="checkbox"/> BOMA <input type="checkbox"/> Non-Union
Metropolitan <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Tier 4
Seniority Date: _____
Primary Job #: _____

**\*Please remember to include any and all supporting documents for Funeral, Sick and Wellness pay requests**