



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 <u>ONE</u> 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				
Total Hours to be Paid:				
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.				

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**