



AIMES HOMES, INC.
TIME OFF REQUEST FORM

Employee Name: _____

Date of Submission: _____

Requests for Time Off (one or more days) **must be submitted 14 days prior to the listed date.** You must be in good standing with **AIMES** and not on probation (new hire or disciplinary). Exceptions apply only to doctors' orders and death in the family.

All requests will be processed within 7 business days. It is the employees' responsibility to follow up on their requests', if it is approved or denied, with their direct supervisors at AIMES Administration Office.

Date(s) Requested: From _____ to _____

Total Number of Days Requested: _____

Personal

Medical

Other: _____

Approved

Denied

Approved with modifications as follow:

Supervisor Signature

Date

Administrator Signature

Date

Employee Signature

Date