



AIMES CONSULTING, INC.

TIME OFF REQUEST FORM

Employee Name: _____

Date Submitted: _____

All requests for Time Off **must be submitted 30 days prior** to the date(s) you are requesting off. You must be in good standing with **AIMES** and not on probation (new hire or disciplinary). Exceptions may apply for medical reasons and death in the family.

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: Start Date _____ Return Date _____

Total Number of Days Requested: _____

Personal Medical Other: _____

Reason for time off: _____

Employee Signature

Date

Administrative Use:

Approved Denied

Approved with modifications as follow:

Supervisor Signature

Date