

Clear Blue Pool Management, L.L.C.

P.O. Box 334

Budd Lake, NJ 07828

Phone: (973) 347-8318 Fax: (973) 347-1863

Day Off Request Form

I, _____, would like to request the following days off:

From _____ to _____.

- ✓ This form must be received by our office **at least two weeks prior** to the day/s being requested.
- ✓ This is only a request. Clear Blue Pool Management, L.L.C. does not make any guarantees but will work with you as much as we can.
- ✓ If you are already scheduled to an assigned shift, that shift is your responsibility. As with any other instance, if you cannot cover, you must find a replacement.
- ✓ You must fill out this form *even if you have been given verbal permission of have notified your supervisor.*

I understand that this is only a request and that I have the ultimate responsibility of fulfilling my responsibility to Clear Blue Pool Management, L.L.C.

Signature _____

Date _____