



President Container Group

290 Ballard Road • Middletown, New York 10941
Phone: 845.516.1600
Fax: 845.692.2001

Time Off Request Form

(** see reverse side for process/policy)

Revision Date:
7/30/2019

Date Submitted: _____

Name: _____

Machine/Shift: _____

Hire Date: _____

Office use only:

Sick Bal: Before: _____ After: _____

Floating Holiday Bal: Before: _____ After: _____

Vacation Bal: Before: _____ After: _____

Select One :

What are you requesting?: Sick/Personal Day Vacation Unpaid day Other _____

Off day reservation
Before vacation day(s)

Requested Day(s) Off

Off day reservation
after vacation day(s)

Comments/Reason

Employee Signature

Office use only:

Approved: Unapproved:

Notes: _____

Human Resource Signature: _____

VP of Operations Signature: _____

Corporate Headquarters

200 West Commercial Ave. • Moonachie, NJ 07074 Phone: NJ 201.933.7500 Fax: 201.933.8990 NY: 212.244.0345
Mailing Address: P.O. Box 387 • Wood-Ridge, NJ 07075-0387





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SEE OTHER SIDE

Vacation/Sick day request process & policy

FOR ALL EMPLOYEES:

1. This is only a request. Do not make any plans or reservations until your request has been approved.
2. If the holiday falls during the requested vacation time the, holiday must have been approved on the holiday reservation form.
3. All vacation request forms must be given and approved at least 2 weeks before the actual date of the requested time off
4. All Personal days must give 3 business days notice, situation permitting.

FOR 8 HOUR EMPLOYEES:

1. In order to reserve the weekend before and/or after your vacation time, you must request 5 consecutive days (40 hours) off
2. Pay for sick/personal day shall be eight hours at the employee's straight time rate.
3. For each 40 hours of vacation, days may be taken in the following increments, one (1) single day, another one (1) single day, and a three (3) day increment, or all 40 hours may be taken at once.

FOR 12 HOUR EMPLOYEES:

1. If an employee takes 48 hours of vacation over four (4) consecutive work days, he may reserve up to 4 non-scheduled work days which are attached to the employee's requested vacation day's totaling eight (8) consecutive days off.
2. Pay for sick/personal day shall be twelve hours at the employee's straight time rate.

General Rules

When turning in a personal day/Vacation request the following apply:

1. ALL forms must be submitted directly to HR. No supervisor approval required.
2. All submissions must be presented to HR in person – they are not to be left anywhere nor submitted by others.
 - HR Hours: **Mon – Fri** 6:30 am – 5:00 pm, **Sat** 6:30 am – 12 pm, **Sun** Closed.
 - Forms must be submitted before or after your shift and during your lunch break.
3. You must stay for accuracy review. All submissions once confirmed accurate will be stamped with date reviewed by HR.
4. IF a submission is 'unapproved' for any reason (example: incorrectly being filled out or others having those dates) the date of submission will change with each re-submission until being approved.
5. Reminder – seniority works for all submissions by March 15 of the current year – after that – “first come, first serve” applies – the only time it will not is when multiple people submit after March 15 and the stamp is the same date (time of submission is NOT used) of submission for both individuals, then seniority applies.
6. All requests off responses will be returned within 14 days.

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