

# TIME OFF REQUEST

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Department:</b>	<input type="checkbox"/> Children's Program	<input type="checkbox"/> PDD	<input type="checkbox"/> Home Care	<input type="checkbox"/> Office
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Staff is required to submit a written request to their supervisor with a minimum of two (2) weeks written notice for any vacation requests and changes in availability. Requests will be subject to the needs of the department.

**Type of Absence:**

<input type="checkbox"/> Vacation (2 weeks maximum)	<input type="checkbox"/> Extra Days Off
<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Other

*Note: If using accrued vacation pay, please submit Vacation Pay Request Form.*

<b>First day off work:</b> _____	(Day of week and date)
<b>Last day off work:</b> _____	(Day of week and date)
<b>First day BACK to work:</b> _____	(Day of week and date)

*If you are planning to rearrange any visits with your client(s), please speak to your Coordinator.*

**Employee Signature** \_\_\_\_\_

**Office Use Only**

Date received from the Employee: \_\_\_\_\_, 20\_\_\_\_

Number of hours/days absent from work (this request): \_\_\_\_\_

Entered in QCare:  Yes  No Date: \_\_\_\_\_, 20\_\_\_\_

TIME OFF APPROVED: Full \_\_\_\_\_

Portion \_\_\_\_\_ (please list approved dates)

  

_____	_____
Approving Supervisor Signature	Date