



TIME OFF REQUEST FORM

PLEASE BE SURE TO REQUEST TIME OFF 2 WEEKS IN ADVANCE

NAME: _____ DATE SUBMITTED: _____

DATES REQUESTED: _____

Please list client initials you work with and if there is coverage available for them on those days. If there is no coverage available, please talk with the family and work out a make-up session/time if possible:

¼ DAY ½ DAY ¾ DAY FULL DAY

REQUESTING TIME OFF AS:

PAID TIME OFF (PTO) UNPAID TIME OFF UNPAID LEAVE OF ABSENCE EMERGENT

EMPLOYEE SIGNATURE: _____

- TIME OFF APPROVED (PAID)
- TIME OFF APPROVED (NON-PAID)
- TIME OFF NOT APPROVED

EMPLOYER SIGNATURE: _____ DATE: _____

Emergent meaning – if something comes up and you are not able to request time off 2 weeks prior to when you are needing it.