



Time Off Request Form

Requests should be submitted to your scheduler via email, fax, or mail.

Employee Name _____
(Please Print)

Dates Requesting Off: _____ thru _____
(Month/Day/Year) (Month/Day/Year)

I will return to work on: _____
(Month/Day/Year)

____ My client(s) will **not need** another aide to cover these visits.

____ My client(s) **will** need another aide to cover these visits.

Reason for request:

Total amount of hours requested off:

(Please enter "0" if you prefer NOT to be paid for this time off)

PTO _____

Vacation _____

Sick _____

Employee Signature _____ Date _____

Administrative Use Only:

Approved

Denied

Initials: _____

Pay Date(s)	PTO Hours	Vacation Hours	Sick Hours
_____	_____	_____	_____
_____	_____	_____	_____

Notes: