



# 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:

Revised 6/6/2017