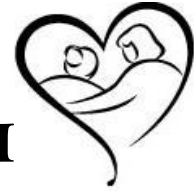


ALL ABOUT HOME CARE TIME OFF REQUEST FORM



Employees must submit time off requests to their supervisors as far in advance as possible (a minimum of two weeks prior to start date is required for vacation time.) Requests will be evaluated based on a number of factors, including business needs and staffing requirements. Once approved, this form will be stored in the employee's personnel file.

Name: _____ Date: _____

Date(s) of Request (please list): _____

Comments: _____

Would you like to use Vacation Time? (Circle) Y N
If yes, please specify the number of hours you would like to use: _____

Would you like to use Sick Time? (Circle) Y N
If yes, please specify the number of hours you would like to use: _____

EMPLOYEE SIGNATURE DATE

SUPERVISOR'S SIGNATURE DATE

This section to be completed by Human Resources Department:

Hours available: Vacation: _____ Sick: _____ as of _____

Hours left upon return: Vacation: _____ Sick: _____

HR Generalist Signature: _____

Office Use Only

Vacation _____

Sick _____

Unpaid