

Time Off / Vacation Request Form
(For Scheduling Purposes)

Today's Date: _____

Employee Name: _____

Dates Requesting off: _____ thru _____
(month/day/year) (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.

Comments:

I will return to work on: _____

Employee Signature

**IN ADDITION TO THIS TIME OFF/VACATION REQUEST FORM,
EMPLOYEES MUST ALSO SUBMIT THE SICK/VACTION PAY REQUEST
FORM**

Scheduling Use ONLY:

Approved: Yes _____ No _____