

EMPLOYEE TIME-OFF REQUEST

To be Completed by Employee	
Employee Name: _____	Current Total Hours worked each Week: _____
Requested Date(s)/Time off: _____	
First available Date/Time to Return to Work: _____	
Reason for Request: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Vacation</div> <div style="width: 50%;"><input type="checkbox"/> Appointment</div> <div style="width: 50%;"><input type="checkbox"/> Jury Duty</div> <div style="width: 50%;"><input type="checkbox"/> Personal (Non-Emergency)</div> <div style="width: 50%;"><input type="checkbox"/> Bereavement</div> <div style="width: 50%;"><input type="checkbox"/> Medical Leave</div> <div style="width: 50%;"><input type="checkbox"/> Maternity Leave</div> <div style="width: 50%;"><input type="checkbox"/> Military Leave</div> <div style="width: 100%;"><input type="checkbox"/> Other: _____</div> </div>	
Requesting Time-Off as: <input type="checkbox"/> Paid Time Off (PTO) - ____ hrs <input type="checkbox"/> Unpaid Time Off - ____ hrs <input type="checkbox"/> Unpaid Leave of Absence	
I have found another nurse to cover my shift(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(I understand that TCPS does not allow an employee to cover my shift if it will put them into overtime or negatively affect their TCPS schedule.)</small>	
Name of Employee Assuming Shift(s): _____	
Signature of Employee Assuming Shift(s): _____ Date: _____	
I understand that: <ul style="list-style-type: none"> This is a request form only and does not guarantee that the time off will be granted. I will submit this request as soon as possible, knowing that requests submitted at least one month in advance have a greater chance at being approved as it provides additional time for adequate scheduling coverage to be obtained. 	
Employee Signature: _____ Date: _____	
To be Completed by Administrator/Designee	
Request: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <i>(see comments)</i> <input type="checkbox"/> Denied	Effective Date: _____ Employee Notified on: _____ by: _____ Employee Initials: _____ Date: _____
Comments: _____ _____ _____	
Administrator/Designee Signature: _____ Date: _____	
Remember - This is a request form only and does not guarantee that your time off will be approved.	