

Trusted Hearts Homecare Solutions

Time Off Request Form

This form must be completed and submitted to your Supervisor at least 2 weeks prior to your requested time off start date. If submitted any later, it is not as likely to be approved.

Employee Name _____ Dept. Supervisor _____

Time Off Start Date _____ Return To Work Date _____

Total Time Off Please check only 1 of the boxes and fill in the total shifts and/or hours that you will be taking off.	<input type="checkbox"/> ____ Hours (Enter totals hours) <input type="checkbox"/> ____ Full Day (If taking 1 or more regularly-scheduled days off) <input type="checkbox"/> ____ Full Day + ____ Hours (If taking Full Day and Partial Days off)			
Days & Hours Off Please list the dates, days, and times that you would like to take off.	Date (MM/DD/YY)	Day (e.g. Monday)	Time Off Start	Time Off End
			<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Type of Leave	<input type="checkbox"/> Personal Leave (With Pay) <input type="checkbox"/> Sick Leave <input type="checkbox"/> Other Without Pay - describe in Reason For Leave box.			

Reason for Leave _____

Employee Signature

Date

Approvals: ☐ Request Approved ☐ Request Denied ☐ See Scheduling

Reason for Denying Request _____

Supervisor Signature

Date