



**REQUEST FOR TIME OFF
(TURN IN AT LEAST 2 WEEKS PRIOR TO REQUESTED DATE)**

Employee Name: _____

Region: (Circle one) Ocala, Gainesville, Villages

Requested dates(s) and time(s): _____

Reason: _____

By signing below, I understand this is a “request” for time off and that Comfort Keepers will do its best to honor the time off request. I understand that I will receive a verbal notification or ERSP message from the Staffing Coordinators as to whether the time off is approved or not. It is recommended that I don’t make definite plans for time off until I receive approval.

Signature: _____ Date : _____

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FOR OFFICE USE ONLY

Entered on eRSP: _____ by _____ Emailed employee via ERSP on: _____

****If more than 6 people off on the days requested, must be approved by Manager

Entered into time off request book: _____ by _____