

# PKT ENTERPRISES' TIME OFF REQUEST FORM

As an employee of PKT Enterprises, you are expected to be fully prepared to work each of your scheduled shifts. It is important that you understand how much the people we serve depend on you and also that consistency in staffing is valued highly.

If you need time off, sick time, etc. you are expected to give as much notice as possible to your supervisor. All time off requests therefore must be approved in advance. For vacation time a three week written request is required through the completion of this form. Employees with the assistance of their supervisor are responsible for filling their shifts without causing overtime. Employees will be expected to present to their supervisor a list of all employees who have been contacted to fill the open shifts before the vacation request will be considered. However, the approval or denial of your vacation request is not contingent upon having all of your shifts covered. Each request will be handled on an individual basis with consideration given to upcoming staffing needs and client staffing requirements and needs.

Employees who are requesting time off from two or more PKT homes/sites will be expected to turn in a separate and fully completed time off request form to each of their respective supervisors.

If an employee fails to work a scheduled shift, without giving notice, it will be considered an absence without authorization. Company disciplinary action will result, which may include termination of employment.

Employee Name: \_\_\_\_\_

I am requesting the following time off:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

THROUGH

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Please submit this form to your supervisor with the information required as listed above and with both sides of this form filled out. Your supervisor will be expected to get back to you regarding your request within 48 hours of receipt of this form.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Date received by supervisor: \_\_\_\_\_

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(circle one)

Time off Approved

Time off NOT Approved

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Supervisor Signature & Date: \_\_\_\_\_

Supervisor Signature & Date: \_\_\_\_\_

cc: Personnel File

## SCHEDULE ADJUSTMENT/STAFF REPLACEMENT

If you find a replacement(s) for your shift(s) that you are requesting off, it will be your supervisor's responsibility to verify and approve the adjustment(s) to the schedule with the prospective employee(s) who may be willing to cover your shift(s). Staff cannot try to fill shifts by making phone calls to other employees, etc. while on the clock unless at the end of shift all cleaning, charting, and checklists are completed, client needs are met, and some spare time becomes available.

### **THIS IS WHAT MY SCHEUDLE LOOKS LIKE DURING THE TIME THAT I AM REQUESTING TO BE ON VACATION (Please circle the shifts that you are requesting off)**

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat

### **THIS IS WHO I HAVE CONTACTED TO FILL MY SHIFT(S) AND THEIR RESPONSE:**

STAFF

RESPONSE

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### **THIS IS WHO WILL BE WORKING MY SCHEDULED SHIFT(S), PENDING MY SUPERVISORS APPROVAL, WHILE I AM ON VACATION:**

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Staff accepting the shift must initial on the line above under the shift they have agreed to accept. If staff do not initial shifts it will be considered an unapproved absence for the employee taking vacation.

NOTE: If an employee agrees to pick up a shift and it is verified and approved by the respective supervisor, all company policies and procedures will apply to that shift(s) in that employees permanent schedule.