TIME OFF REQUEST

Requests for time off are required at least 14 days prior to the first day you will be absent from work.
Please call and check if your time off was approved.

Employee: _____

Type of Request: Vacation Leave of Absence Other: _____

Dates & Times Requested Off:

From: _____ _____ To: _____ _____
Date Time Date Time

Date & Time Returning to Work: _____ _____
Date Time

Reason(s) for Time Off:

_____

_____

_____

_____ _____
Employee Signature *Date*

For Office Use Only: ☐ Approved ☐ Rejected

_____ Input Time Off Request in CAREGiver Log
_____ File in Time Off File

Comments:

_____ _____
Scheduling Supervisor Signature *Date*

Reminder:
Please mail or fax this form to:
Home Instead Senior Care
725 S Adams, Birmingham, MI 48009
Fax: 248-203-2277

Trusted Care at Home. dba Home Instead Senior Care #283 * Each Home Instead Senior Care franchise office is independently owned and operated.