

Homecare Precision

Request for Time Off

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR SUPERVISOR. YOU MUST SUBMIT REQUESTS FOR ABSENCES, OTHER THAN SICK LEAVE 14 DAYS PRIOR TO THE FIRST DAY YOU WILL BE ABSENT.

Employee Name _____	Date _____
Position _____	Department _____

Employee Name _____ **Manager Name** _____

Type of Absence Requested:

- Vacation Sick Jury Duty Other (please specify)
 Maternity/Paternity Bereavement Time Off Without Pay _____

Dates of Absence (MM/DD/YYYY): From _____ Until _____

Reason for Absence:

Employee Signature	
_____	_____
<i>Employee signature</i>	<i>Date</i>

Manager Approval and Signature	
Request Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Comments:	_____ _____
_____	_____
<i>Manager Signature</i>	<i>Date</i>