

TIME OFF REQUEST FORM

Today's Date: _____

Employee Name: _____

Time off requests (for more than 3 days or 24 hours, other than Sick-Time) must be submitted thirty days (30) prior to the start date of the requested time off. Vacation time off can be up to, and no more than seven (7) days each year. Caregivers That Deliver does not offer paid vacation.

Time off Requests will **only** be approved based on the following company policies:

1. No other time off has been granted within the year of the request. Full-time employees (32 + per week) take priority on time off requests.
2. Time off for four (4) or more days will only be approved after one year of employment.
3. There are enough caregivers available to cover your client(s) schedule(s).
4. You have been an employee for no less than six (6) months with less than three (3) days off. For vacation time off for more than four (4) days you must complete one (1) year of continuous employment.
5. No other time off requests have been approved within a year

Days Requested: Reason for Request _____

Day 1 _____

Day 2 _____

Day 3 _____

Day 4 _____

Day 5 _____

Day 6 _____

Day 7 _____

Date you will return to your assignment: _____

Employee Signature

Date

Janis King – Pres.

Date

Approved ☐

Not Approved ☐