Leave Request/ Time Request Notice

Date Submitted: _____/_____/_____
Employee Name: _____ Position: _____
Field Supervisor: _____ 2-week Advance Notice? YES / NO
I understand that all absence is Leave Without Pay (LWOP): [ ]
Type of Leave Request (choose one option):

[ ] Emergency [ ] Personal [ ] Client Related Reason

Explain reason for request: _____

_____

_____

Beginning Date/Time of Absence: _____/_____/_____ _____:_____ AM/PM

Ending Date/Time of Absence: _____/_____/_____ _____:_____ AM/PM

Please indicate how your client(s) will be cared for during your absence (Notify your Field Supervisor if assistance is needed in this area): _____

_____

_____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

All leave requests must be submitted and approved (2) weeks prior to the date of absence. Sick leave and extended medical leave require a physicians statement.

DO NOT WRITE BELOW THIS LINE (ADMIN STAFF ONLY)

Manager Date Received: _____/_____/_____ Replacement Sub Name: _____

NOTES: _____

_____

_____

Submit to Hool'áágóó/ Infinity Home Care for Approval:
Fax: 1(928)645-9089
Mail: P.O. Box 3505 Page, AZ 86040
Office Drop Off