



Time off Request

Employee Name: _____

Dates Requested: _____

*Paid Time Off requests are subject to administrative approval. For any Time Off, the **Time Off request in writing 30 days prior to requested time off.** (Except for unplanned – medical and other emergent request are exceptions) This allows the agency to provide alternate staffing coverage to prevent an interruption in client services.

If more than one request is made for the same client in the same week every effort will be made to grant both requests, but this cannot be promised. If adequate staffing cannot be found, the first request received by HHH office staff will be granted. Also, for any major holiday we ask that requests not be made more than 90 days in advance.

Employee Signature

Date

For office use only:

Date Received by HHH Staff: _____

Scheduling Approval:

Payroll Approval

Approval Signature

Date