



Gretchen's House Childcare Centers

Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Time Off Request Form

Dates you are requesting off	Shift to be covered	Are you giving 2 weeks notice?	Have you checked with your Head Teacher to be sure no one else is off in your program on those days?	Does this time fall during a scheduled black-out time or exceed your allowable timeoff?
		YES NO	YES NO	YES NO
		YES NO	YES NO	YES NO
		YES NO	YES NO	YES NO
		YES NO	YES NO	YES NO

# Shift Change Request Form

Dates you are requesting a shift change	Person who has agreed to switch shifts with you sign here:	Have you notified your Head Teacher?
		YES NO

\*Once complete, make a copy of the entire sheet for the Head Teacher. The Head Teacher keeps a file for staff scheduling and keeps an updated staffing calendar in the classroom. The Director/Program Director keeps the top portion for center staffing plans and gives the bottom portion to the employee who submitted the request.

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your request for:  Time Off  Shift Change

On the following date/s:

Has been:  Approved  Denied

Comments: