

# Time Off Request

Care Professional Name: \_\_\_\_\_

Dates Requested: \_\_\_\_\_

Last day of work: \_\_\_\_\_

First day returning: \_\_\_\_\_

Total number of hours/days requested: \_\_\_\_\_

Total number of requested hours: \_\_\_\_\_ ☐ Vacation ☐ Paid Sick Leave ☐ Unpaid

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Employee Signature

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Date of Request

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## FOR INTERNAL USE ONLY

Hire Date: \_\_\_\_\_

Eligible for paid time off: ☐ YES ☐ NO

Vacation Hours Use: \_\_\_\_\_

Paid Sick Leave Hours Used: \_\_\_\_\_ Approved: ☐ YES ☐ NO

Reflected in Schedule: \_\_\_\_\_ (Initial)

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Franchise Office Representative Signature

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Date

