



3221 Eastlake Avenue East, Suite 120
Seattle, Washington 98102
(206) 622-4611

TIME OFF REQUEST FORM

- This form is to be used for personal, medical, vacation, or any other absence. Complete this form and return it to Home Instead Senior Care.
- Request time off as early as possible, but at least two weeks in advance for vacations. One week notice is acceptable for a single day off.
- Every effort will be made to honor all requests for time off; however, the needs of daily operations must be addressed prior to approval. If more than one person requests the same period of time off then length of advance notice, seniority and previous time off will be used to determine which requests are granted.

I, _____ submit this request for time off to RKL Group, Inc.,
Employee Name
and/or KL Solutions, Inc., dba *Home Instead Senior Care* for the period from:

Date(s) Requested:

1. From: _____ through _____

2. From: _____ through _____

Reason for absence:

☐ Vacation ☐ Sick ☐ Personal Leave ☐ Leave of Absence
☐ Jury Duty ☐ Funeral Leave ☐ Other (*explain*) _____

Notes: _____

Caregiver Signature: _____

Date Received ____/____/____ **Approved/Denied** ____/____/____

Supervisor: _____ **Date:** _____