



Time Off Request Form

This form is used when time away from work is requested.
A minimum of a two-week notice is needed.
Four week notice is needed for holidays.

Name: _____

List the shifts for each date being requested off.
 If there is more than one shift per client, list separately.

Client's Name	Date	Time of Shift (example 10am – 3pm)	Coverage (Office Use Only)

Do you wish to use vacation time: Yes / No How many hours? _____

Caregiver Signature: _____

Date: _____

OFFICE USE

- Shift removed from caregiver
- Timeframe blocked from caregiver availability
- Vacation time document on PTO spreadsheet *(if necessary)*