 TIME OFF REQUEST FORM

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Discipline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return to work date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Request: \_\_\_Personal \_\_\_Vacation \_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will code my hours to: PTO Hours (paid)\_\_\_\_\_ / Unpaid Hours \_\_\_\_\_ {or for PRN employees}

I have *tentatively* arranged for coverage of my patients with staff

person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Or**

I will not need coverage for my visits during this time, and this is an **FYI to the Office** Only.

Supervisor Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* This form is required to be turned into the office at least **2 weeks prior** to time off
* Use with ALL time off, whether coverage is needed for your patients or not
* Please refer to new P&P manual 2013 about **maximum** consecutive days off
* ***This form is a request only***; it does not guarantee the requested time will be granted
* If time off is approved, Office will need a detailed schedule of all patient’s information in order to staff accurately for visit coverage- please submit 1 week before time off
* We will need to insure adequate patient coverage to approve all time off requests.
* Thank you!!

Revised 4.2013 /2019