



NEW DAY HOME CARE, INC

TIME-OFF REQUEST FORM

Your request for time off must be submitted and approved by management in advance.

EMPLOYEE INFORMATION

NAME: _____ TODAY'S DATE: _____
(PRINT PLEASE)

NUMBER OF DAYS REQUESTED: _____ DAY(S)

STARTING ON: _____/_____/_____ ENDING ON: _____/_____/_____

NUMBER OF HOURS REQUESTED: _____ HOUR(S) TIME: __: __ To __: __ Total Hours: _____

I WILL BE RETURNING TO WORK ON: _____/_____/_____

Employee Signature: _____

TYPE OF REQUEST

-IF YOU ARE OUT OF THE OFFICE FOR MORE THAN 1/2 OF A WORK DAY, PLEASE SELECT HOW YOU WISH TO BE COMPENSATED
-VACATION & PAID PERSONAL DAYS ARE TO BE USED PRIOR TO SELECTING UNPAID

I WILL CODE MY TIME-OFF TO:

PTO PTO/SICK UNPAID TIME OFF JURY DUTY

BEREAVEMENT LEAVE (IMMEDIATE FAMILY/ MAX OF 3 DAYS PAID) PLEASE SEE COMPANY POLICY GUIDELINES

PLEASE CIRCLE RELATION THAT APPLIES BELOW: Relative Name: _____
 Self, Mother, Father, Spouse, Brother, Sister, Child, Grandfather, Grandmother, Mother-In-Law, Father-In-Law

MEDICAL LEAVE (6-8 Weeks max unpaid) Maternity etc.

FMLA (12 WEEKS MAX) Immediate Family Only. FMLA Verification required

PLEASE CIRCLE RELATION THAT APPLIES BELOW: Relative Name: _____
 Self, Mother, Father, Spouse, Brother, Sister, Child, Grandfather, Grandmother, Mother-In-Law, Father-In-Law

TIME OFF DISCLAIMER

- ✓ I understand that time away from work is subject to management approval and company policies.
- ✓ We would like to grant all vacations and personal leave; however we reserve the right to deny any request in accordance to business needs.
- ✓ All requests must be submitted 2 weeks in advance and 30 days for vacations of the days requested off.
- ✓ Approval is granted after being signed by your direct supervisor.
- ✓ Upon approval, request forms will remain in employee personal file.
- ✓ Emergency time-off will be handled on a case by case scenario.

HR APPROVAL

APPROVED: ___ YES ___ NO Remaining Sick Days _____ Remaining Vacation Days _____

Supervisor/Manager Approval: _____ Date: ____/____/____

Payroll Input: _____ Date: ____/____/____

V = Vacation, P = Personal