

**LAKESHORE**  
*Home Health Care Services, Inc.*



**Request for Time Off  
Office Staff And Nurses**

Today's date \_\_\_/\_\_\_/\_\_\_ (This form is to be submitted to the office at least three weeks prior to the beginning date you are requesting to be off.)

**Employee Name** \_\_\_\_\_ **Discipline** \_\_\_\_\_

Number(s) at which you can be reached: \_\_\_\_\_

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**Please indicate the day(s) you would like for your time off period and return this form to your supervisor**

Requested time off: 1<sup>st</sup> DAY OFF \_\_\_/\_\_\_/\_\_\_ RETURN TO WORK \_\_\_/\_\_\_/\_\_\_

Reason for time off: \_\_\_\_\_

\_\_\_\_\_

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Paid time off      Number of Vacation hours to be used \_\_\_\_\_

Non Paid time off

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
date

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**Approved / Denied (circle one)**

Reason denied: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Corporate's Signature

\_\_\_\_\_  
date