

LAKESHORE
Home Health Care Services, Inc.



**Request for Time Off
CENA's and HHA's**

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: _____

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

Requested time off: 1st DAY OFF ___/___/___ RETURN TO WORK ___/___/___

Reason for time off: _____

Employee Signature

Date

_____ **Approved** **Dates approved:** ___/___/___ **Through:** ___/___/___

_____ **Denied** (provide reason for denial)

Supervisor's Signature

date