

Palmer's Home Care, LLC

Request for Time Off

Today's Date: _____

Employee Printed Name: _____

Work Location:

- Administration Hathman Place
- Administration Day Program Blue Ridge Hourly Day Program Blue Ridge
- Administration Day Program Hillsdale Hourly Day Program Hillsdale
- Administration Day Program Moberly Hourly Day Program Moberly
- ISL or Host Home Name: _____

Requested Date(s) off: _____

Employee Signature: _____

I understand that this is a request for time off during regularly scheduled workdays and the decision made by my supervisor will be based on the following:

- Timely submission of request
- Staffing availability

I understand that if I fail to meet these guidelines, my request may be denied without further consideration. In the event that my request is denied, I am responsible for working my scheduled shifts.

Request Approved: YES NO

Date Approved or Denied: _____

Signature of Manager/Supervisor: _____

Administration:
Completed form needs to be turned in to
Heath Clark/Director, for tracking purposes.

Hourly Staff:
Completed form needs to be turned in to your
Manager for signature then to Uriane Walker
for Employee File.