

Imagine



LEAVE REQUEST FORM

Employee's Name: _____ Date of Request: _____

Client Name	Date and Shifts Requested (e.g. 3/14/99 to 3/21/99 3 pm to 9 pm)	Total # Shifts	Total # Hours

Type of Leave: _____ Paid Time Off (PTO) _____ Leave of Absence* _____ Other*

*Please indicate reason for * items and give to Administrative Coordinator for processing.

Coverage for Time Off

Client Name	Date and Shifts Covered (e.g. 3/14/99 to 3/21/99 3 pm to 9 pm)	By Whom (printed name)	Total # Shifts	Total # Hours

Employee Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____