

Imagine



Supported Living Services

LEAVE REQUEST FORM

Employee's Name: _____ Date of Request: _____ Pay Period: _____

Coverage for Time Off

Client Name	Date & Shifts Covered <small>(e.g. 3/14/11 to 3/21/11 3pm to 9pm)</small>	By Whom <small>(printed name)</small>	Signature of Sub <small>(required)</small>	Total # Shifts	Total # Hours

*Please note that using PTO is mandatory for full time staff taking time off

Type of Leave: ___ *Paid Time Off (PTO)*
 ___ *Sick Leave*
 ___ *Unpaid time off*
 ___ *Other (Explain)*

PTO remaining: \$___
 Sick Leave Remaining: ___ hours
 Will IHSS Be reassigned? Yes No
 If yes, note how many/to who on lines below

Employee Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

LEAVE REQUEST

Policy Statement

Imagine SLS requires all staff wanting to take time off and/or work shifts different from their current assigned schedule to get authorization beforehand by the appropriate Facilitator via a Leave Request Form.

Quality Standards for staff time off or unscheduled shift changes

1. All staff requesting time off/leave shall be responsible for finding other staff to cover their scheduled shifts.
2. All staff are required to notify and receive the approval of their Facilitator for all time-off and leave of absence requests.
3. All staff are required to notify and receive the approval of their Facilitator and the person they provide services to for any schedule changes.
4. All staff changes shall be recorded on a Leave Request Form with a signed authorization by the Facilitator.
5. All Leave request forms shall be signed by the staff person agreeing to cover the requested shift(s) changes.
6. All Leave Request Forms shall note any dates and times along with any PTO that will be accessed.
7. A copy of all Leave Request Forms shall be given to staff requesting leave or change in shift schedule.
8. All authorized Leave Request Forms shall be submitted to Payroll with the appropriate timesheet by the Facilitator.
9. Unauthorized leave may be subject to disciplinary action.

Leave Request Process:

Leave request forms can be accessed in the following ways: At the consumer's home, at the offices of Imagine SLS, through the Lead Staff Person if applicable and online at the Imagine SLS website.

Staff requesting to take time off are required to cover their own shifts.

Staff are provided a list of employees whom they can call to find coverage for the shifts that they are requesting off. Only other staff trained to work with that specific consumer can be used as a suitable substitute. Once coverage has been found, the employee requesting the time-off shall fill out a Leave Request Form noting: date and time of shift that is/are requested off, individual whom has agreed to cover shift, total number of hours and that are requested off and any Paid Time Off that will be used.

Both employees shall sign Leave Request Form. The LRF shall then be presented to the Facilitator for signed approval.

If approved a copy of the LRF will be given to the requesting employee and the original will be submitted to payroll with the appropriate timesheet when due.