**Request for Time Off**

Staff’s Name:       Date:      20­­­­­

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| --- | --- | --- | --- |
| Vacation | Personal | Agency Training | Other |

Type of Absence:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | House/  Program | Start Time | End Time | Total Hours |
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**Important Information:**

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| - This form must be submitted at least ***7 Business Days***prior to the time requested off  - Time off requested should be a minimum of two hours  - Once this form is received at the Main Office it will be date stamped  - **YOU** will need to call an Employee Resource Supervisor ***3 Business Days Prior*** to your scheduled time off to verbally confirm that it has been filled |

By checking the box below on this form I understand that if the Employee Resource Centre denies my ‘Request for Time Off’, I will be required to work my scheduled shift

Submitted:  Date:

**Office Use Only**

Approved: Yes / No Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request for Time Off Verified by: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_Date: