

ABSENCE & RESIGNATION REQUEST

DATE: _____ _____
NAME: _____ _____
_____ _____
_____ _____

Type of Absence Needed:

(A two week notice is required for all requests/notices)

- | | |
|--|---|
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Time Off w/Out Pay |
| <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Maternity/Paternity | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Military | <input type="checkbox"/> Long Term Sick Leave |
| <input type="checkbox"/> Resignation (Last Day of Work): _____ | |

Reason For Request: _____

Date(s) of Leave: _____

Date Returning to Work: _____

Client name(s) who will be affected by your leave:

1 _____	3 _____
2 _____	4 _____

OFFICE STAFF ONLY

- Confirmed w/ Caregiver(s): _____
 Confirmed w/ Fill In Caregiver: _____
 Confirmed w/ Client or Family: _____
 Approved By: _____
 Denied (Reason): _____