

COMMUNITY CONNECTIONS REQUEST FOR TIME OFF

A minimum of 2 weeks notice is required when requesting time off. The Executive Director approves all emergency leave.

Name _____ Date _____

Dates Requested Off: Begin: _____ End: _____

Date Returning to Office: _____

Purpose: _____

Please provide initials of all customers you work with:

If less than two weeks notice, is this an emergency? yes _____ no _____

Are you using the family medical leave act? yes _____ no _____

Explain: _____

Employee Signature _____ Date _____

Lead Supervisor _____ Date _____

Other Supervisor _____ Date _____

Other Supervisor _____ Date _____

Executive Director _____ Date _____

(When emergency leave is requested)

Routing: After all necessary signatures, original to employee file, copy to employee and copy to business director.