

# COMMUNITY CONNECTIONS REQUEST FOR TIME OFF

A minimum of two weeks notice is required when requesting time off. The Executive Director approves all leave with less than two weeks notice.

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 \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_

Executive Director \_\_\_\_\_ Date \_\_\_\_\_

(When less than two weeks notice)

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