**Icon

Description automatically generated**

**TIME OFF REQUEST**

Instructions: Use this form to request scheduled or unscheduled Time Off.

This form should be submitted in advance of scheduled time off to your

supervisor with **at least 1 month notice**. This form must be approved and signed

by your supervisor and submitted to Human Resources prior to your time off.

**Submit to:**

**Reem Badwey (**[**Reem.Badwey@1st-americare.com**](mailto:Reem.Badwey@1st-americare.com)**) 202-993-4049**

**Tiger Carrasco (**[**Tiger.Carrasco@1st-americare.com**](mailto:Tiger.Carrasco@1st-americare.com)**) 240-204-2004**

**Mary Winston (**[**Mary.Winston@1st-americare.com**](mailto:Mary.Winston@1st-americare.com)**) 240-507-4411**

**Employee Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Request**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date(s) Requested off**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Returning to Work**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

**For Human Resources Use Only**

**Time Off is approved:** **YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/HR Signature Date