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**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****) 202-993-4049**

**Tiger Carrasco (****Tiger.Carrasco@1st-americare.com****) 240-204-2004**

**Mary Winston (****Mary.Winston@1st-americare.com****) 240-507-4411**

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

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

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

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Employee Signature Date

**For Human Resources Use Only**

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

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Supervisor/HR Signature Date