



# CHOICCESS

## Time Off Request

*A written notice to take vacation must be submitted to the Manager of Personnel and Services a minimum of thirty days in advance. Adequate coverage of services to individuals will determine vacation schedule. If several requests for vacation are submitted for the same period of time, the employee who completes a written notice first will receive preference. (Policies and Procedures Manual)*

*Please provide us with the following information:*

- 1 Employee Name: \_\_\_\_\_
- 2 Specific date(s) requesting: \_\_\_\_\_
- 3 Second choice: \_\_\_\_\_
- 4 Number of hours requesting: \_\_\_\_\_

Vacation

Time not covered by Vacation Leave

5 Last day at work: \_\_\_\_\_ Date you will return to work: \_\_\_\_\_

### Work Schedule Affected:

Individual/Coordinator

Days/Times

Coordinat  
or Initial

Staff Replacement(s)

Individual/Coordinator	Days/Times	Coordinat or Initial	Staff Replacement(s)

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Please make as many arrangements for staff replacements as possible before submitting to supervisor)*

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Date(s) APPROVED for vacation:

Distributed to:


Executive Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_