|  |
| --- |
| ***To be Completed by Employee*** |
| **Employee Name:** . | **Current Total Hours worked each Week:**  . |
| **Requested Date(s)/Time off:**  . |
| **First available Date/Time to Return to Work:** . |
| **Reason for Request:** □ Vacation □ Appointment □ Jury Duty □ Personal (Non-Emergency) □ Bereavement □ Medical Leave □ Maternity Leave □ Military Leave □ Other: . |
| **Requesting Time-Off as:** □ Paid Time Off (PTO) - hrs. □ Unpaid Time Off - hrs □ Unpaid Leave of Absence |
| **I have found another nurse to cover my shift(s):** □ Yes □ No*(I understand that TCPS does not allow an employee to cover my shift if it will put them into overtime or negatively affect their TCPS schedule.)* |
| **Name of Employee Assuming Shift(s):**  .**Signature of Employee Assuming Shift(s):**  . **Date:** . |
| ***I understand that:**** ***This is a request form only and does not guarantee that the time off will be granted.***
* ***I will submit this request as soon as possible, knowing that requests submitted at least one month in***

***advance have a greater chance at being approved as it provides additional time for adequate scheduling coverage to be obtained.*** **Employee Signature:**   **Date:** . |
| ***To be Completed by Administrator/Designee*** |
| **Request:** □ Approved □ Approved with Conditions *(see comments)*  □ Denied | **Effective Date:**  . |
| **Employee Notified on:**  . **by:**  . |
| **Employee Initials:**  . **Date:**  . |
| **Comments:**  . . |
| **Administrator/Designee Signature:**  . **Date:** . |
| ***Remember - This is a request form only and does not guarantee that your time off will be approved.*** |