



Request Time-Off Form

_____ **Requesting time off in advance**

_____ **Reimbursement for sick/safe/emergency**

Today's Date _____

Employee's Name _____

Client Name _____ Family Notified Yes No

Date(s) Requested: From _____ / _____ / _____ To _____ / _____ / _____

Total # Hours Requesting _____ (Must be a complete shift/No fractions of shifts)

Reason for Time Off _____

Comments (Include if you have spoken to someone about covering your shifts)

Employee's Signature _____

_____ **Request cash-out option for unused ESST (40-hour max/cannot exceed earned hours)**

Today's Date _____

Employee's Name _____

Total # Hours Requesting _____

Employee's Signature _____

Fill this form out completely and email to:

- kathyc@communitiesofcaremn.com
- samekae@communitiesofcaremn.com (Cc)