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| --- | --- | --- |
| *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.* | | |