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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.* |