|  |  |  |
| --- | --- | --- |
| 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. | | |