

New Beginnings for Life, LLC

Time Off Request

(Please submit at least 2 WEEKS in advance)

Employee Name: _____ Date Submitted: _____

Date(s) Requested Off & Shift(s)/Client(s) to be covered:

(Please check box below, if applicable)

I would like to use vacation time for this time off request

Comments:

Employee Signature: _____

SUPERVISORY SIGNATURES

Program Manager, Olivia Blais: ()Approved ()Not Approved _____

Main Manager, Julie Long: ()Approved ()Not Approved _____

Parum Manager, Jackie Schupp: ()Approved ()Not Approved _____

Old Hebron Manager, Angela Fournier: ()Approved ()Not Approved _____

* Please write which staff is covering which shift(s)/date(s) that are being requested off. Once a staff has accepted the extra hours/shift(s), that staff is responsible for working the shift. If something happens and that staff can no longer cover/work the shift(s), the Director has to give approval and that staff becomes responsible for finding coverage.

Staff covering shift(s): _____ Shift(s)/Day(s): _____

Staff covering shift(s): _____ Shift(s)/Day(s): _____

Staff covering shift(s): _____ Shift(s)/Day(s): _____

Staff covering shift(s): _____ Shift(s)/Day(s): _____

(If Needed) Approved: _____ Not Approved: _____

Director Signature: _____ Date: _____