



## Employee Request for Time-Off

### Employee Information

Employee Name:

Date:

Job Title: **Caregiver**

### Type of Request

Vacation/Recreational

Dr. Appointment

Mandatory Court

Medical Leave of  
Absence

Personal Leave of Absence

Other: \_\_\_\_\_.

### Details

Date(s) Requesting off: **Note: Time-off is given on a first come first serve basis. Please be specific.**

Reason:

### Acknowledgement for Time Off

*Please note: Requesting time off is not guaranteed. Synergy HomeCare will make every reasonable attempt to meet requests in due manner. Please call the office to confirm your work schedule.*

X

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date Submitted*

\_\_\_\_\_  
**Date Received:**

\_\_\_\_\_  
**Approved:**

\_\_\_\_\_  
**Denied:**

\_\_\_\_\_  
*Supervisor Signature*

\_\_\_\_\_  
*Date*