



**Time Off/Leave Request Form /Removal from case**

**Submit Form to Human Resources**

SECTION to be COMPLETED by EMPLOYEE

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date(s) Requesting off: \_\_\_\_\_

Type of Leave: Vacation Appointment Jury Duty Other \_\_\_\_\_

Case(s) Currently Assigned

Client Name: \_\_\_\_\_

Shift Time: \_\_\_\_\_

Shift Day(s) of the Week: \_\_\_\_\_

Client Name: \_\_\_\_\_

ShiftTime: \_\_\_\_\_ Shift Day(s) of the Week \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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**(For Office Use Only)**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Supervisor/HR Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Covering: \_\_\_\_\_ phone# \_\_\_\_\_

Client Notified: Yes No Date Notified: \_\_\_\_\_ Notified by: \_\_\_\_\_

Employee Notified-leave request status: Text Email Phone Date: \_\_\_\_\_ Notified by: \_\_\_\_\_

Unavailability Entered into Clear Care?: Yes No Shifts Opened into Clear Care?: Yes No

Activity Note Created in Clear Care and Tagged "Employee Time Request"? Yes No

Report Given to covering Employee: Yes No Nurses Name: \_\_\_\_\_