

REQUEST FOR TIME OFF / SOLICITUD DE TIEMPO LIBRE

All time off should comply with Life Fountain Home Healthcare, Inc policies and further policy questions may be directed to the Human Resources Department (651)403-6034. / Todo tiempo libre debe cumplir con la política de Life Fountain Home Healthcare, Inc. cualquier pregunta se debe ser directamente con el Departamento de Recursos Humanos al (651)403-6034.

EMPLOYEE NAME / NOMBRE DEL EMPLEADO: Click or tap here to enter text.

NAME OF PERSON SERVED / NOMBRE DE PERSONA SERVIDA: Click or tap here to enter text.

SELECT ONE BELOW / ELIJA UNO ABAJO:

Sick/Safe Time / Enfermedad/Tiempo seguro (MINIMUM OF 4 HOURS/ MÍNIMO DE 4 HORAS)

Time Off WITHOUT Pay / Tiempo Fuera sin paga

REASON / RAZON: Click or tap here to enter text.

DATE(S) NEEDED OFF / FECHAS DE DESCANSO: : Click or tap here to enter text.

HOURS NEEDED OFF / HORAS DE DESCANSO: Click or tap here to enter text.

WAS RESPONSIBLE PARTY NOTIFIED? / LE NOTIFICO A LA PERSONA RESPONSABLE?

Yes / Si **No / No** **If Yes, When? / Si, Cuando?** Click or tap here to enter text.

IS COVERAGE NEEDED / SE NECESITA COBERTURA?

Yes / Si **No / No** **If Yes, When? / Si, Cuando?** Click or tap here to enter text.

Employee Signature / Firma de Empleado

Date / Fecha

For Office Use Only:

SUPERVISOR'S RECOMMENDATION

- Pre-approved
- Approved
- Approved with following modification:
Click or tap here to enter text.
- Unapproved for following reason:
Click or tap here to enter text.

Supervisor's Signature: _____

Date: _____

HR COMMENTS

SICK/SAFE TIME HOURS APPROVED: Yes No

WHEN SS HOURS PAID: Click or tap here to enter text.

SS HOURS CODE ADDED TO PAYROLL EXPORT

FORM RECEIVED BY SUP: Click or tap here to enter text.

HR Staff's Signature: _____

Date: _____