



Supervisor's Time off Request Form

Date: _____

From: _____

I would like to request the following days off work: *(Maximum total 9 days of paid/unpaid time)*

I will be returning to work on: _____

During this time, _____ has agreed to be on-call for me and will be responsible for covering my cell phone and all supervisory responsibilities during my absence. I will make sure that all of my paperwork is completed and turned in prior to my vacation, and that all of the shifts are covered at my program(s) prior to my leaving.

Signature of Supervisor Requesting Time-off

Date:

On-Call Supervisor: By agreeing to be on-call you are fully responsible for the operation of this/these Programs during this time. This includes meeting all due-dates, staff scheduling and coverage, emergency situations, etc. applicable to your status.

****Signature of Supervisor agreeing to be on-call**

Date:

(**Must be of equal or higher classification)

Approved: _____ Not Approved: _____

Reason why, if not approved:

Signature of Associate Director/ Program Coordinator

***An employee requesting eight or less hours of vacation time (will) be required to get approval from an immediate supervisor at least 24 hours in advance. An employee requesting more than nine hours of vacation time (will) be required to get approval from an immediate supervisor at least one month in advance of the expected vacation date. Approved vacation time may be delayed due to unforeseen circumstances." Life Center, Inc. "Vacation Days" policy, pg. 42 no. 9-12*