

• **Vacation Request • Sick Time Request • Shift Change Request •**

**Employee Information**

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

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

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

Clinic/Department: \_\_\_\_\_

Type of Absence Requested:

- Vacation       Sick       # of Work Days \_\_\_\_  
 Jury Duty       Bereavement

First Day Of Leave: \_\_\_\_\_  
Date Available To Return To Work: \_\_\_\_\_

Shift Change: Date(s): \_\_\_\_\_

Current: \_\_\_\_\_ Change To: \_\_\_\_\_

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

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

**Administrative Use Only**

Received by Head Office: \_\_\_\_\_

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

Schedule Revised by: \_\_\_\_\_

E-Booking Revised By: \_\_\_\_\_

Comments: \_\_\_\_\_