

**Enchanted Hills
Home Healthcare Agency, Inc.
Time Off Request**

Employee Name: _____

Today's Date: _____

Reason for Request: _____

Time Requested Off: _____

Return to Work Date: _____

_____ **Approved**

_____ **Denied**

Reason: _____

Employee Signature **Date**

Supervisor Signature **Date**

**** Once this shift is staffed there will be no cancellation of this request**