

Nurse Aid, LLC / Angel Hands Home Care

Request for Paid Vacation/Bonus Time*

Name: _____

I am requesting to be paid on:

Pay Date (Thursdays) _____ For my bonus time.

Please check one of the following:

- My request for time off was approved by the staffing coordinator and was made at least 30 days prior per Angel Hands policy.

- I am requesting my bonus time pay be considered even though my request for time off was not made 30 days prior for the following reason (If you are checking this box it is very unlikely that your request will be honored so please be very clear in your description of why you cannot follow the 30 day policy.):

- I am requesting my bonus time to be paid without taking any time off.

Signature

____/____/____

Date

***A request for paid bonus time DOES NOT guarantee that you will be paid. If you have not followed policy or have not been continuously employed for the past 12 months your request may be denied.**