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We take staffing close to heart.

EMPLOYEE LEAVE APPLICATION FORM

Employee Name: _____ Position: _____

Facility Assigned: _____ Date Filed: _____

Date Covered: From: _____ to _____ No. of Days: _____

Date of Return to Work: _____

Leave to be Applied:

◯ Vacation Leave ◯ Sick Leave ◯ Bereavement ◯ Authorized Leave Without Pay

Other: _____

I understand that:

1. All leave of absence application must be approved by the Supervisor or DNS of the assigned facility.
2. Leave due to sickness/medical reason of more than 3 consecutive days must be supported by doctor's certificate and must be filed upon return to work/duty;
3. Bereavement leave must be supported by pertinent documents (Death Certificate or Funeral Letter);
4. Planned leave application of 3 days or more must be filed 2 weeks in advance.
5. Alteration / Cancellation of applied leave must have the approval of my supervisor and that Advanced Care Staffing Representative or Account Manager must be properly notified.

I hereby request leave of absence from duty as indicated above and certify such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's policies and procedures for requesting leave of absence (and provide additional documentation, including medical certification, if required) and that falsification on this form may be grounds for disciplinary action, including termination.

Employee signature: _____ Date: _____

Approved by: _____, _____Supervisor/DNS/ADNS Date: _____

Account Manager: _____ Date: _____

FOR HR DEPARTMENT USE ONLY

DATE POSTED: _____	EARNED CREDITS	LEAVE STATUS		PROCESSED BY:
		WITH PAY	WITHOUT PAY	_____
PREVIOUS BALANCE				POSTED BY:
LESS: APPLIED LEAVE				
BALANCE TO DATE				_____