LIVING
ASSISTANCE
s e r v i c e s

Request for Leave of Absence or Vacation

Date: _____ Caregiver: _____

Client/ Care Recipient: _____

I, _____, would like to request a leave of absence for the

purpose of _____

The last shift I would work prior to my leave would be on _____

from _____ am/ pm until _____ am/pm.

I would be returning to work, at the regularly scheduled time, on _____, 20___

I understand that failure to return to work on the above date or failure to notify the Director or Service Coordinator well in advance of any changes to the above information could result in disciplinary action and/or the loss of the position currently held.

_____   _____
Caregiver   Date

_____   _____
Director   Date

Office Use Only:

Request granted _____

Request denied _____ Reason: _____