

Clear Choice Assisted Living, LLC

Time-Off Request Form

Note: All time-offs must be requested at least two weeks in advance. Although all requests will be considered on a case by case basis, management cannot guarantee the approval of requests submitted less than two weeks in advance.

Employee Name: _____

List all dates you are requesting off individually

Dates _____

Dates _____

Dates _____

Circle a Reason for this Request

Personal

Medical

Bereavement

Other

Employee Signature: _____

Date: _____

Approved By: _____

Lamin Bah

Signature: _____

Program Director

Approved: _____

Denied: _____

Days Remaining: _____