



TIME OFF Request

EMPLOYEES: Fill out the top portion of this request form and send to hr@choicetx.com

EMPLOYEE NAME: _____

DATE SUBMITTED: _____

- LWOP (FMLA or Leave without Pay)
- Time off Without PAY
- PTO (Paid Time Off)

DATE(S) REQUESTING: _____

AMOUNT OF HOURS REQUESTING: _____

Notes: _____

Your request has not been considered authorized until you receive this form with authorization. You should retain the email containing the response to your request. It is important to remember:

1. As clinicians your patients are a top priority. It is important that you correspond with your supervisor and if at all possible provide a brief written summary on patients or special cases that the clinician providing coverage would benefit from knowing. Speak with that clinician if at all possible.
2. Holidays are special times for all families. Remember Choice will utilize tenure with the company in initial years and then prior years PTO (i.e.—it isn't fair if the same person is off Christmas day every year and another always works). Also it is recommended to submit holiday request as soon as possible.
3. Please refer to company policies regarding LEAVE, FMLSA, Attendance, Time Off, and PTO. Failure to follow the policies and procedures may result employee abandonment of position.

ADMINISTRATOR OR AUTHORIZING SUPERVISOR: Please return with response to HR within 72 hours

- Authorized
- Denied

Admin/Supervisor Signature: _____

Employee's schedule will be covered by: _____ during this request of PTO.

***Admin/Supervisor-please specify which employee by name will be covering this PTO request. *Admins/Supervisor are responsible for keeping up with their respective office's PTO calendars and coverage.**

***IF FMLA IS REQUESTED BY THE EMPLOYEE A NOTICE FOR FMLA MUST BE SENT TO THE EMPLOYEE (Request for FMLA Form).**

Notes: _____

HR Dept please denote dates:

Request Received On: _____

Forwarded to ADMIN: _____

Admin Response Received: _____

Coverage Clinician/Requesting Clinician on Master Calendar: _____

Forwarded Response to Employee: _____

Filed in Employee Record: _____

NOTATION for PTO on PAYROLL: _____