



TRI-MED HOME CARE SERVICES, INC.
TRI-MED STAFFING, INC.
 Phone: (347) 727-7200
 Fax: (347) 727-7217

TIME OFF REQUEST FORM

Your request for time off must be submitted and approved by management in advance. Approval of your request does not guarantee you payment for days not worked. For further information, please contact our HR department.

EMPLOYEE INFORMATION	
NAME:	Last 4 digits of SS#: _ _ _ _
DEPARTMENT:	Phone:

As per your employment offer, and depending on your work status, you may request vacation/ time-off throughout the year. When more than one employee has requested the same time and when this would make it difficult to provide quality service or meet projected schedules, requests will be considered in the order in which they are received. Every effort will be made to honor your time-off request. Business operations may dictate that the employee reschedule his/her time-off request.

Directions: Indicate your time-off choice(s) in the space(s) below. Sign, date and forward to your supervisor for approval.

Vacation Date(s) requested:	Sick Time/Date requested:
Employee Signature:	Request Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Remarks:	
Supervisor/Manager Signature:	Date: