



Time Off Request Form

Name: _____

Dates: _____ to _____

Select Reason: _____ Dates: _____

- | | |
|--|--|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Jury Duty (make up visits within 2 weeks of returning) |
| <input type="checkbox"/> Illness (make up visits within 2 weeks after returning) | <input type="checkbox"/> Death in Family |
| <input type="checkbox"/> FMLA | <input type="checkbox"/> Education |
| <input type="checkbox"/> Military Duty | <input type="checkbox"/> Extended Time Off (make up visits 1 wk prior or 1 wk after) |
| <input type="checkbox"/> Other: _____ | |

Will clients need coverage? ☐ Yes ☐ No

Additional Comments: _____

I understand that, except for illness or jury duty, a Plan of Action Schedule must be submitted and approved two weeks prior to Start Date of Time Off. For illness or jury duty a Plan of Action Schedule must be submitted upon returning. I also understand that, except for vacation, visits not performed, or performed by another therapist, will be adjusted on my pay equal to a pro-rated amount per-visit. (For Full time = Salary ÷ 52 weeks ÷ 30 visits/wk).

I also understand that it is my responsibility to notify families that other therapists may be provided to maintain doctor's orders.

Employee Signature: _____ Date Submitted: _____

- | | |
|--|-----------------|
| <input type="checkbox"/> Approved | Comments: _____ |
| <input type="checkbox"/> Approved with modifications | _____ |
| <input type="checkbox"/> Unapproved | _____ |

Team Supervisor: _____

Date: _____

Director of Therapy Services: _____

Date: _____