

SunShine Care, Inc.

Personal Care Agency

LEAVE REQUEST FORM

| Name: | | | | Date: | |
|---|------------|--|-------------------|-------|--|
| Position: PCW RN Admin Other: | | | | | |
| Request Leave Date: | | | Return Date: | | |
| Total Days Gone: | | | Total Hours Used: | | |
| Please Choose One Below: | | | | | |
| □ PTO □ Non-PTO | | | | | |
| T. DOW. | | | | | |
| For PCWs only. | | | DI # | | |
| Replacement PCW: | | | Phone #: | | |
| Type of Legye Requested (along the death and below) | | | | | |
| Type of Leave Requested (please check one below): Vacation Funeral Jury Duty Family Emergency Training | | | | | |
| Uacation ☐ Funeral ☐ Jury Duty ☐ Family Emergency ☐ Training ☐ Other (if "other" is selected, please explain below) | | | | | |
| Other is selected, please explain below) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Employee S | Signature: | | | Date: | |
| | | | | | |
| **Office Use Only** | | | | | |
| ☐ APPROVED ☐ NOT APPROVED | | | | | |
| IID G: | | | | D. | |
| HR Signatu | ire: | | | Date: | |