

Name: _____

Requests for dates in:	are due by:	Requests for dates in:	are due by:
January	Dec. 1 st	July.....	June 1 st
February.....	Jan. 1 st	August.....	July 1 st
March.....	Feb. 1 st	September.....	Aug. 1 st
April.....	Mar. 1 st	October.....	Sept. 1 st
May.....	Apr. 1 st	November.....	Oct. 1 st
June.....	May 1 st	December.....	Nov. 1 st

DATE(S)	REQUEST OFF FOR	USE PAID TIME OFF HOURS
	<input type="checkbox"/> vacation <input type="checkbox"/> appointment <input type="checkbox"/> other:_____	<input type="checkbox"/> No <input type="checkbox"/> Yes # of hours_____
	<input type="checkbox"/> vacation <input type="checkbox"/> appointment <input type="checkbox"/> other:_____	<input type="checkbox"/> No <input type="checkbox"/> Yes # of hours_____
	<input type="checkbox"/> vacation <input type="checkbox"/> appointment <input type="checkbox"/> other:_____	<input type="checkbox"/> No <input type="checkbox"/> Yes # of hours_____
	<input type="checkbox"/> vacation <input type="checkbox"/> appointment <input type="checkbox"/> other:_____	<input type="checkbox"/> No <input type="checkbox"/> Yes # of hours_____
	<input type="checkbox"/> vacation <input type="checkbox"/> appointment <input type="checkbox"/> other:_____	<input type="checkbox"/> No <input type="checkbox"/> Yes # of hours_____

- We will attempt to honor all requests for time off, however time off may not be possible in all situations. All staff working 3 or more shifts per week are required according to AHHC policy to work a minimum of every other weekend and 3 holidays per year at the discretion of the staffing coordinator. We will notify you in the event that your time requested off is not approved.
- In the event that multiple employees having patients in common request the same date(s) off, preference will be given according to dates the requests were received by the office.
- Due to staffing difficulties around the end/beginning of each year, no requests spanning more than 2 consecutive days between the December 20th and January 5th will be accepted.

Date Received/Initials: _____