

**HEART OF KANSAS FAMILY HEALTH CARE, INC.
TIME-OFF FROM WORK FORM**

Today's Date: _____

Employee's Name: _____

Requested Date(s) off: _____ to _____

Return to Work Date: _____

Reason for Time Off – Check one:

- | | |
|--|--|
| <input type="checkbox"/> Vacation/Personal Day | <input type="checkbox"/> Excused Absence |
| <input type="checkbox"/> Sick Day | <input type="checkbox"/> Unexcused Absence |
| <input type="checkbox"/> Dr. Appt. - Self | <input type="checkbox"/> Tardy |
| <input type="checkbox"/> Dr. Appt. – Family | <input type="checkbox"/> Other _____ |

Conference (Name/Location): _____

Use Earned Time? Yes ___ No ___ (Earned time will be used if required work hours has not been

Hours Available _____ # Hours Requested _____ Balance of Hrs. _____

Employee's Signature _____

Supervisor's Signature _____

Payroll Office _____

Comments: _____

Employees use this form for each request for time off from work.

Supervisors use this form to record employee's vacation days, sick days, tardiness and all other time away from work, regardless if earned time is requested. This form will go to the payroll office to be kept with employee's timesheet or file.

Employee's Supervisor must sign request form to approve employee's time off, make a copy for employee, and give original to the payroll office.