

PKT ENTERPRISES' TIME OFF REQUEST FORM

As an employee of PKT Enterprises, you are expected to be fully prepared to work each of your scheduled shifts. It is important that you understand how much the people we serve depend on you and that consistency in staffing is valued highly.

If you need time off, sick time, etc. you are expected to give as much notice as possible to your supervisor. All time off requests, therefore, must be approved in advance. For vacation time, a three-week written request is required through the completion of this form. Employees, with the assistance of their supervisor, are responsible for filling their shifts without causing overtime. Employees will be expected to present to their supervisor a list of all employees who have been contacted to fill the open shifts before the vacation request will be considered. However, the approval or denial of your vacation request is not contingent upon having all your shifts covered. Each request will be handled on an individual basis with consideration given to upcoming staffing needs and client staffing requirements and needs.

Employees who are requesting time off from two or more PKT homes/sites will be expected to turn in a separate and fully completed time off request form to each of their respective supervisors.

If an employee fails to work a scheduled shift without giving notice, it will be considered an absence without authorization. Company disciplinary action will result which may include termination of employment.

Employee Name: _____

I am requesting the following time off: _____ THROUGH _____
MM/DD/YY MM/DD/YY

If you find a replacement(s) for your shift(s) you are requesting off, it will be your supervisor's responsibility to verify and approve the adjustment(s) to the schedule with the prospective employee(s) who may be willing to cover your shift(s). Staff cannot try to fill shifts by making phone calls to other employees, etc. while on the clock unless at the end of shift all cleaning, charting, and checklists are completed, client needs are met, and some spare time becomes available.

I have contacted the following staff to fill my shift(s) and their response was "NO": _____

THIS IS WHO IS WORKING MY SCHEDULED SHIFT(S), PENDING MY SUPERVISORS APPROVAL, WHILE I AM ON VACATION:

Staff accepting the shift must initial on the line under the shift they have agreed to accept. If staff do not initial shifts it will be considered an unapproved absence for the employee taking vacation.

NOTE: If an employee agrees to pick up a shift and it is verified and approved by the respective supervisor, all company policies and procedures will apply to that shift(s) in that employee's permanent schedule.

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 8px;">Initials</div> →													

Please submit this form to your supervisor with the information required as listed above. Your supervisor is expected to get back to you regarding your request within 48 hours of receipt of this form.

Employee Signature: _____ Date: _____

By checking this box, I am verifying that my typed name represents my signature if filling out electronically.

Date received by supervisor: _____ Time off Approved Time off NOT Approved

Supervisors Signatures & Dates: _____