

20730 Holyoke Ave. #125 P.O. Box 565 Lakeville, MN 55044 Phone: 952-985-0672 Fax: 952-985-0675 www.integrahc.com

PCA Time-Off Request Form

Two weeks advanced notice of planned absences is required to ensure adequate staffing coverage. Please fill out the Time-Off Request Form and submit to the Staffing Coordinator. If you do not supply a two week notice every effort will be given to try and cover your hours and grant your request but the time off cannot be guaranteed. The Staffing Coordinator will review your request and approve or deny the request and return it back to you for your records.

Employee Name	e:			Today's Date:					
I am requesting t	the following	dates off:							
	SAT	SUN	MON	TUES	WED	THURS	FRI	İ	
Date									
	SAT	SUN	MON	TUES	WED	THURS	FRI	İ	
Date								,	
Notes:									
Employee Signature:				Date:					
		ſ	Manager's	s Approva	ıl				
		☐ Approv	/ed		ot Approved				
Nanager's Signature:						Date:			
Notes:									
Attendance Poir Attendance Poin									
Total Attendance	e Points (inclu	ding points a	assessed toda	ny):					