



# REQUEST FOR LEAVE/SHIFT CHANGE

TO: \_\_\_\_\_  
Manager/Director

FROM: \_\_\_\_\_  
Employee (please print)

DATE SUBMITTED: \_\_\_\_\_

I request the following leave for the dates indicated:

TYPE OF LEAVE	DATES	TIME	# OF HRS/DAYS
1. Vacation			
2. Lieu Time/RWW			
3. Float Day			
4. Family *(specify): _____			
5. Union			
6. MCO			
7. Leave Without Pay: (specify): _____			
8. Other (specify): _____			

- For Family time specify type of appointment and time, Dr.'s name, expected length of appointment.

**TOTAL HRS/DAYS:** \_\_\_\_\_

I request the following shift change:

SCHEDULED SHIFT (DATE & TIME)	WITH WHICH INDIVIDUAL(S)	IN EXCHANGE FOR (DATE & TIME)	WITH WHICH INDIVIDUAL(S)	OTHER EMPLOYEE

Suggested Coverage/Reason for request/Comments:

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\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Other Employee  
(accepting shift change)

Manager/Director: I approve /do not approve this leave/shift change (circle appropriate portion) because: \_\_\_\_\_

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date

Coverage Confirmed: YES/NO/SIGN UP    On Call Notified: YES/NO/N/A    Admin Copied: YES/NO/N/A