

REQUEST FOR LEAVE/SHIFT CHANGE

FORM SUBMISSION INSTRUCTIONS

- 1. Download Form (Top right corner of web page) 📥
- 2. Fill out Form on Adobe.
- 3. Save the file.
- 4. Attach the file to Email.

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TO:					FROM:					
Manager/Director				Employe			ee (please print)			
DATE S	SUBMITTED:									
Lroque	est the follow	ing loavo f	or the dat	os indicat	od.					
	est the follow	ing leave i	or the dat	es maicat	.eu. 		1			
	TYPE OF LEAVE	<u> </u>		DATES		TIME	# OF HRS/DAYS	<u>; </u>		
1.	Vacation									
2.	Lieu Time									
3.	,									
4.	4. Family (Specify as per article 15.03):									
5.	Union									
6.	MCO									
7.	7. Leave Without									
	Pay: (specify):									
8.	Other (specify	/):								
• For	Family time, specify	type of appoin	tmentie Doct	or Dentist or	<u> </u>			=		
Chi	ropractor, time, alon	g with expected	d length of app			TOTAL HRS/DAYS):			
reque	est the follow	ing shirt ci	iange:							
SCHEDULED SHIFT WITH V (DATE & TIME) INDIVID		WHICH IN EXCHANGE FO			WITH WHICH	OTHER				
		INDIVID	/IDUAL(S) (D		& TIME)	INDIVIDUAL(S)) EMPLOYEE	<u>: </u>		
,										
Suggo	tod Coverage	/Posson f	or roalloc	t/Commo	ntc					
Sugges	sted Coverage	, keason i	or reques	t/Comme	nts:					
	ro of Employee		-		Signature	of Other Employee				
Signature of Employee			<u> </u>		ng shift change)					
N 1 0 : 0 0 = =	ror/Diroctor: I	l a n n r a : : a	/da +	onnre::-	thic las-	vo/shift shapes /-	المماد عصصصصات	o namia		
Manager/Director: I approve because:			• •			ave/shift change (check appropriate portion)				
Appro	ved By		·			 Date				