REQUEST FOR LEAVE/SHIFT CHANGE

ATI

TO: _____ **FROM:** _____

Manager/Director   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 3. Float Day 4. Family (Specify as per article 15.03): _____ 5. Union 6. MCO 7. Leave Without Pay: (specify): _____ 8. Other (specify):			

- For Family time, specify type of appointment i.e. Doctor, Dentist or Chiropractor, time, along with 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:

_____

_____

_____   _____
Signature of Employee   **Signature of Other Employee**
                                         (accepting shift change)

Manager/Director: I approve   /do not approve   this leave/shift change (check 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