



5200 Helen Ave Unit 1 Jennings, MO 63136
Phone: (314) 553-0552 Fax: (314) 553-0553
www.strategichomehealthcare.com

Employee Name: _____

Date: ____/____/____

Client/Consumer Name: _____

Client/Consumer Service Request Time

Mon: _____ Fri: _____

Tues: _____ Sat: _____

Weds: _____ Sun: _____

Thurs: _____

Client/Consumer Name: _____

Client/Consumer Service Request Time

Mon: _____ Fri: _____

Tues: _____ Sat: _____

Weds: _____ Sun: _____

Thurs: _____

Client/Consumer Name: _____

Client/Consumer Service Request Time

Mon: _____ Fri: _____

Tues: _____ Sat: _____

Weds: _____ Sun: _____

Thurs: _____

Type of Absence Requested:

- ☐ Vacation
☐ Sick
☐ Military Leave
☐ Maternity Leave
☐ Bereavement
☐ Time Off Without Pay
☐ Jury Duty
☐ Other

Additional Comments:

Dates Requested: ____/____/____ through ____/____/____ Returning: ____/____/____

All absence request must be submitted two weeks prior to the first day of absence. All requests are subject to supervisor approval.

Signature of Employee

Date

Approval: ☐ Approved ☐ Denied

Additional Comments:

Signature of Supervisor

____/____/____
Date