

Time-Off Request Form

*Directions for member: Please fill out the form, and submit to site supervisor (at least 5 business days in advance of planned absences. Immediately after unplanned absences.*

*Directions for Site Supervisor: Please review, approve or reject the request within 3 business days, and sign. Then submit to Program Director for verification via email (**ashley.mike@ky.gov**) and cc your member.*

Member Name: FULL NAME Site Supervisor Name: FULL NAME

**Planned Absence Request**

Date(s) Requested: Enter Dates Here

Reason for request: Click or tap here to enter text.

How do you plan to make up the hours?Click or tap here to enter text.

**Unplanned Absence Request**

Date(s) out: Enter Dates Here

Date released to come back to service site (when will you return?): Enter Dates Here

Reason for unplanned absence: Click or tap here to enter text.

Did you notify your supervisor as soon as possible after realizing you would be absent? Click or tap here to enter text.

Do you have a doctor’s note or other supporting documentation? (If so, please attach in email): Click or tap here to enter text.

**Site Supervisor (please check appropriate box):**

Approve Request: [ ]

Reject Request: [ ]  Reason for rejection: Click or tap here to enter text.

Supervisor Signature: Click or tap here to enter text. Date: Click or tap here to enter text.