


**BALLARD SENIOR
HOME CARE**
L I V I N G M A D E E A S Y

REQUEST FOR LEAVE OF ABSENCE

EMPLOYEE NAME: _____

POSITION: _____

DATE: _____

DAYS REQUESTED OFF: _____

NUMBER OF DAYS REQUESTED OFF: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

MANAGER SIGNATURE: _____

DATE: _____

APPROVED / DENIED (*PLEASE CIRCLE ONE*)

COMMENTS: