



REQUEST FOR LEAVE/SHIFT CHANGE

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 (circle 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