



COTTAGE HOME CARE SERVICES, Inc.

25 Newbridge road , Ste #302, Hicksville, NY, 11801

Tel: (516) 367-2266 • Fax: (516) 367-1067

EMPLOYEE TIME-OFF REQUEST FORM

****Today date:** _____

****Employee's Name:** _____

****Employee's Last 4 SSN:** _____

****Time-Off Request:** _____

☐ Days ☐ Hours

****Beginning on:** _____

****Ending on:** _____

Last Date Of Work: _____

Date Back To Work: _____

****REASON FOR REQUEST**

☐ - Vacation

☐ - Personal Leave

☐ -Funeral/Bereavement

☐ - Jury Duty

☐ - Family Reasons

☐ - Medical Leave

☐ - To Vote

☐ - Other: _____

I understand that this request is subject to approval by my employer.

**** Employee's Signature:** _____

****Date:** _____

EMPLOYER'S DECISION

[NB: Please don't write anything here]

☐ - Approved

☐ - Rejected

Employer's Signature: _____ Date: _____

Print Name: _____