



Long-Term Care Foundation

of Washington State

## Time Off Request/Submission Form

**Name:** \_\_\_\_\_

**Dates Requested:** \_\_\_\_\_

**PTO Hours Planned to Use:** \_\_\_\_\_

**PTO Hours at Time of Vacation:** \_\_\_\_\_

**Sick Time:** \_\_\_\_\_

**Unpaid Hours:** \_\_\_\_\_

*\*Note: If you are switching shift(s) with another team member within the same week (Sunday - Saturday) to accommodate schedules (versus use PTO) and hours are even (cannot exceed 40/Hours a week due to OT), provide description below:*

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**Submission Date:** \_\_\_\_\_ **Employee Signature:** \_\_\_\_\_

**Approved: YES / NO**

**Review Date:** \_\_\_\_\_ **Provider: Signature:** \_\_\_\_\_

*\*Provider has 20 Days to confirm your request and tries their hardest to accommodate ALL of our quality of life needs while prioritizing the care needs of our residents - we recognize that without YOU this couldn't happen as well as it does and want you to enjoy your time off!*