



# PCA Time Off Request Form

Date of request: \_\_\_\_\_

Name of PCA: \_\_\_\_\_

Name of client I work for: \_\_\_\_\_

Hours I work for client: \_\_\_\_\_

Days I work for client: \_\_\_\_\_

Dates requested off: \_\_\_\_\_

I will return to work on : Date: \_\_\_\_\_ Time: \_\_\_\_\_

- Reason for request:  Personal  
(please check one)  Medical  
 Vacation with pay ( if qualified-verify with Human Resources )  
 Vacation without pay

Client Approval AND/OR Agency Approval: \_\_\_\_\_

Office Procedure: Upon receipt of this form, each PCA will be contacted by the Staffing Department; the client will be contacted for verification/approval. The Staffing Department, upon direction of the client, will assist the PCA in finding a temporary replacement. The PCA and client will receive an authorized copy of this form when this process is completed.. A copy will be filed for each PCA.

If you work for more than one client- a form must be filled out for each client.

*All time off must be authorized and verified in this manner.*

Questions? Contact Staffing at 763-422-9713