



A KIND & CARING

Home Care, LLC

Employee Leave without Pay Request Form

Employee Name: _____ Today's

Date: _____

Social Security Number: _____

I am requesting the following dates off: _____ to _____
_____.

Notes: _____

Employee Signature: _____ Date: _____

In signing this, I understand my position may not be held in my absence.

Supervisor's Approval

Approved

Not Approved

Supervisor's Signature: _____ Date: _____

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