



Northeast Kingdom Homecare, Inc. **Absence Request**

P.O. Box 250, 100 Second Street
Newport, Vermont 05855
802-334-7604

Absence Information

Employee Name: _____

Employee Phone Number _____

Dates of Absence: From: _____ To: _____

Reason for Absence:

Employee Signature _____ Date _____

Manager Approval

Approved

Rejected

Comments:

Manager Signature _____ Date _____

When requesting time off please adhere to the following policy:

Four days or less requires 14 days advance written notice.

Five days or more requires 30 days advance written notice.

Your requested time off will or will not be granted depending on the number of request made prior to yours. All requests will be considered on a first come first serve basis.