



# COTTAGE HOME CARE MI, LLC

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## 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

- Prenatal leave

- 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: \_\_\_\_\_