



**Community
Care**

There is no place like YOUR home...

VACATION REQUEST FORM

*** Paid vacation is earned on a yearly basis you must work a total of 1872 hours in your anniversary year in order to be eligible for one week (40 hours) paid vacation ***

All employees seeking to use vacation time must complete and submit a vacation request form. All vacation requests must be submitted to the Coordinator for review and approval if time off is being requested. The Coordinator shall then submit the vacation request to the payroll department for processing and approval. All vacation requests must be submitted no later than two (2) full weeks in advance for approval. ***NOTE: No vacation leave shall be granted without the prior review and approval of the all departments.**

Employee Name: _____ Employee Number: _____

Vacation Time off Requested dates:

From Date _____ to date: _____

Return to Work date: _____

Vacation Pay Requested (no time off): _____

Employee Signature: _____ Date: _____

Please Contact Information Cell Phone/Phone/Email: _____

(Message will be sent via HHA Exchange after vacation pay is processed)

(For Coordination Department Office use and purposes only)

Coordinator Reviewed and Approved by:

Coordinator

Date

(For Payroll Department Office use and purposes only)

Hire Date: _____ Anniversary Year: _____

Total Hours Worked for Anniversary Year: _____ Last Vacation Pay: _____

Approved Yes No Reason _____ Denied Yes No Reason _____

Message Sent via HHA exchange _____

By: _____

Payroll Department

Date

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Awarded the Gold Seal of Approval by the Joint Commission – Home Care