



**True Care Professionals LLC**

*"At True Care Professionals, WE CARE"*

**Requested Leave Form**

This form must be filled out and wait for approval at least two weeks prior to the time off requested.

Today's Date: \_\_\_\_\_

Employee: \_\_\_\_\_ Badge # \_\_\_\_\_

**Requested Dates:**

From \_\_\_\_\_ to \_\_\_\_\_

Last day working: \_\_\_\_\_ Return to work on: \_\_\_\_\_

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Request: Approved \_\_\_\_ Disapproved \_\_\_\_ Other \_\_\_\_\_

Reason for disapproval: \_\_\_\_\_  
\_\_\_\_\_

True Care Representative: \_\_\_\_\_ Date: \_\_\_\_\_