



REQUEST FOR LEAVE

This form must be submitted 30 days prior to requested leave date.

DATE: _____

EMPLOYEE: _____

TYPE OF LEAVE: Sick _____ Vacation _____ CME _____

The following leave days are requested:

IS COVERAGE REQUIRED BY DEPT. SUPERVISOR? YES ____ **NO** ____

Comments: _____

SUPERVISOR APPROVAL: (Print Name) _____

(Signature) _____

Phone: _____ **Fax:** _____

GODWIN EMPLOYEE: (Print Name) _____

DATE: _____ **SIGNATURE:** _____

APPROVED BY: _____ **DATE:** _____

GODWIN PROGRAM MANAGER
Fax to 866-670-3211

This request has not been approved until both Godwin Corporation and the on-site supervisor have signed this form. Unless law permits otherwise, leave requests must be submitted as denoted in the Godwin Corporation Employee Handbook in advance to the Godwin Corporation Program Manager. Approval for such requests are based on the business needs of the clinic and are granted at the discretion of the Corporation on a first come first serve basis. It is your responsibility to review your leave time availability prior to requesting time off as PTO must be used for any work absence. Requests for time off without pay are not allowed unless permitted by law or policy.