

**CHAMPLAIN COMMUNITY SERVICES  
DAY OFF REQUEST**

EMPLOYEE \_\_\_\_\_

DATE: \_\_\_\_\_

DATES BEING REQUESTED:

TOTAL NUMBER OF HOURS REQUESTED:

Check here if more dates on back \_\_\_\_\_

<b>Monday: / /</b>	
<b>Time:</b>	<b>Time:</b>
<b>Client:</b>	<b>Client:</b>
<b>Medication Delegation:</b> (must circle one) YES      NO	<b>Medication Delegation:</b> (must circle one) YES      NO
<b>Other Pertinent Information:</b>	<b>Other Pertinent Information:</b>
<b>Tuesday: / /</b>	
<b>Time:</b>	<b>Time:</b>
<b>Client:</b>	<b>Client:</b>
<b>Medication Delegation:</b> (must circle one) YES      NO	<b>Medication Delegation:</b> (must circle one) YES      NO
<b>Other Pertinent Information:</b>	<b>Other Pertinent Information:</b>
<b>Wednesday: / /</b>	
<b>Time:</b>	<b>Time:</b>
<b>Client:</b>	<b>Client:</b>
<b>Medication Delegation:</b> (must circle one) YES      NO	<b>Medication Delegation:</b> (must circle one) YES      NO
<b>Other Pertinent Information:</b>	<b>Other Pertinent Information:</b>
<b>Thursday: / /</b>	
<b>Time:</b>	<b>Time:</b>
<b>Client:</b>	<b>Client:</b>
<b>Medication Delegation:</b> (must circle one) YES      NO	<b>Medication Delegation:</b> (must circle one) YES      NO
<b>Other Pertinent Information:</b>	<b>Other Pertinent Information:</b>
<b>Friday: / /</b>	
<b>Time:</b>	<b>Time:</b>
<b>Client:</b>	<b>Client:</b>
<b>Medication Delegation:</b> (must circle one) YES      NO	<b>Medication Delegation:</b> (must circle one) YES      NO
<b>Other Pertinent Information:</b>	<b>Other Pertinent Information:</b>

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
SUPERVISOR SIGNATURE

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason Denied \_\_\_\_\_

**\*\*Approval is contingent upon the availability of CTO at time of vacation\*\***

Monday: / /	
Time: Client:	Time: Client:
Medication Delegation: (must circle one) YES      NO	Medication Delegation: (must circle one) YES      NO
Other Pertinent Information:	Other Pertinent Information:
Tuesday: / /	
Time: Client:	Time: Client:
Medication Delegation: (must circle one) YES      NO	Medication Delegation: (must circle one) YES      NO
Other Pertinent Information:	Other Pertinent Information:
Wednesday: / /	
Time: Client:	Time: Client:
Medication Delegation: (must circle one) YES      NO	Medication Delegation: (must circle one) YES      NO
Other Pertinent Information:	Other Pertinent Information:
Thursday: / /	
Time: Client:	Time: Client:
Medication Delegation: (must circle one) YES      NO	Medication Delegation: (must circle one) YES      NO
Other Pertinent Information:	Other Pertinent Information:
Friday: / /	
Time: Client:	Time: Client:
Medication Delegation: (must circle one) YES      NO	Medication Delegation: (must circle one) YES      NO
Other Pertinent Information:	Other Pertinent Information: