



Guthrie Mainstream Services LLC
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Jenifer S.	<input type="checkbox"/>
Lindsay	<input type="checkbox"/>

Time off Request Form

Provider: _____ Today's Date: _____
(Please Print Full Name)

Phone Number: _____ Field Supervisor: _____

Initial Request Made on _____ Via: Phone Verbal Text Email Paper AmCheck
(Date)

Personal Time Sick Time (Paid) Sick Time (unpaid)

For Sick Time Use Only

I plan to use _____ hours of Earned Paid Sick Time (if available).

Request made in AmCheck: Yes No Date request made in AmCheck: _____

If Absent 3 or more days was documentation given? Yes No

Type of Documentation: Medical Legal Other: _____

Please be advised that I will require the following dates off:

Reason for time off:

I have made the following arrangements for coverage during my time off:

I will require assistance finding coverage for the following clients (times and days):

Request: APPROVED DENIED

Field Supervisor comments:

Provider (Signature): _____ Date Signed: _____

Field Supervisor: _____ Field Supervisor: _____ Date Signed: _____
(Please Print) (Signature)

Received by: _____ Date Received: _____