

All Family Resource CTR, LLC.

TIME OUT ACKNOWLEDGE FORM

NAME: _____

DATE: _____

NUMBER OF DAYS OUT: _____

STARTING DATE: _____

ENDING DATE: _____

RETURNING DATE: _____

REASON OF ACKNOWLEDGE FOR TIME OUT			
<input type="checkbox"/>	VACATION	<input type="checkbox"/>	FAMILY EVENT
<input type="checkbox"/>	PERSONAL LEAVE	<input type="checkbox"/>	SICK-TIME
<input type="checkbox"/>	APPOINTMENTS	<input type="checkbox"/>	JURY DUTY
<input type="checkbox"/>	OTHER:		

COMMENTS:

I understand that time away from work needs to have adjustments to fulfill and comply with clinical regulations of providing services in advance and/or schedule well-check sessions with another provider (therapist). Time off acknowledgement is subject to revision and approval once adjustments have been made and attach to company policies.

Sub-contractor Signature

Date

Supervisor Signature

Date