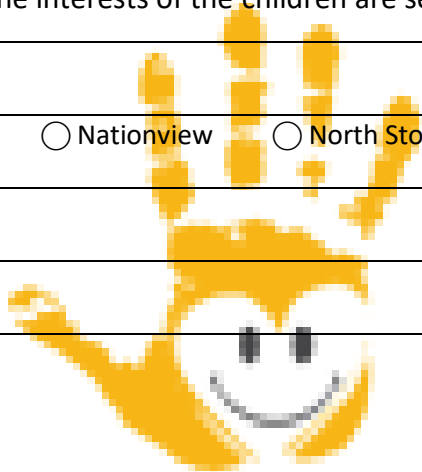


Happy Face Nursery School (Winchester & District) Inc.
 Child Care Centres
 P.O. Box 1155
 504 St. Lawrence St.
 Winchester, ON K0E 1W0
Ed.happyface@gmail.com 613-774-4707

REQUEST FOR TIME OFF

Completed requests must be submitted to the Executive Director for review and approval a minimum of two weeks in advance of the absence. Please note policy for time off as stated in the Employee Manual under "Vacation Time" and "Sick/Personal Day Leave". Requests will be granted when possible, but only if adequate staff coverage can be obtained and if the interests of the children are served.

NAME:
SITE: <input type="radio"/> Chesterville <input type="radio"/> Morrisburg <input type="radio"/> Nationview <input type="radio"/> North Stormont <input type="radio"/> Roxmore <input type="radio"/> Office
DATE(S) OF REQUESTED TIME OFF:
SHIFT TO BE COVERED:
REASON



DAY WILL BE USED AS: (please check one, to ensure proper pay for period of time off) <ul style="list-style-type: none"> <input type="radio"/> Unpaid Vacation Day <input type="radio"/> Paid Vacation Day <input type="radio"/> Personal Day <input type="radio"/> Paid Birthday <input type="radio"/> Other(explain): _____
Employee Signature: _____ Date: _____

FOR OFFICE USE ONLY:	
Date Request Received:	<input type="radio"/> Approved or <input type="radio"/> Denied
Notes:	
Name and Position:	
Signature:	Date:
<input type="radio"/> Email Staff Notice <input type="radio"/> Track	