



**My Home Care, LLC**

6327 Forrest Dr  
Mechanicsburg, PA 17050

717-884-9050  
888-898-7608 (f)  
[myhomecareservices.net](http://myhomecareservices.net)

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April 26, 2019

To All Staff regarding **Request for Leave Policy:**

When requesting time off, vacation or leave, a **Request for Leave Form** must be submitted to your supervisor. A **two-week notice** is required. The form should be mailed or e-mailed to your supervisor. Requests via phone call or text are not acceptable. Forms are available on the website: [myhomecareservices.net](http://myhomecareservices.net). If you do not have access to a computer, contact the office and a form will be forwarded to you.

Marie Bourassa, HR Coordinator



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Request for Leave

Date of Request: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date(s) Requested Off: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date Request Received: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_