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BSHHA HOME ATTENDANTS VACATION REQUEST

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Clients Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinator(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please review this vacation form very carefully. Requests will be approved based on

replacement availability and seniority. You must indicate below your first and second choice for your time to be considered. Any request received with only one date will be returned to you. Only up to two weeks for any given period will be approved. Please submit forms early. Requests for vacation must be made at lease three months in advance to allow adequate time for schedules and adjustments. Please don’t delay sending your request in.

Date Vacation Starts Date Vacation Ends

1st Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return to Work Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Attendant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: IT MAY BE BEST NOT TO MAKE TRAVEL ARRANGEMENTS BEFORE GETTING YOUR VACATION REQUEST(S) APPROVED IF YOU HAVE NOT RECEIVED A COPY OF YOUR APPROVAL AT LEAST ONE MONTH PRIOR TO YOUR REQUESTED LEAVE, PLEASE CONTACT YOUR CASE COORDINATOR(S). BE ADVISED THAT REQUEST FOR CHANGES ON APPROVED VACATION TIME WILL BE GRANTED OR DENIED BASED ON REPLACEMENT AVAILABILITY.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates approved: 1st choice 🞏 2nd choice 🞏

Reason)s) Not approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Coordinator(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE READ THIS PAGE BEFORE COMPLETING THE VACATION FORM

HHA WORKER TIME OFF GUIDELINES REGARDING REQUESTING HOLIDAY OR VACATION TIME

1. Personal care workers are entitled to observe the following holidays:

a. New Years Day

b. Martin Luther King, Jr. Day

c. Memorial Day

d. Independence Day

e. Labor Day

f. Thanksgiving Day

h. Christmas Day

To request time off for any holiday (including holidays not listed) the HHA must submit a written request to his/her supervisor at least (2) weeks in advance. Any request received late or not made in writing will not be considered.

Holiday time off requests are subject to approval by your supervisor. Simply submitting the request does not guarantee that you will be granted the day off. Holiday time off requests are approved or disapproved based on numerous criteria, including timeliness of the request, the availability of replacement workers and seniority. The staff at BSHHA will make every effort to accommodate as many holiday time-off requests as possible. It is not, unfortunately, always possible to approve requests for time off.

Please check with your supervisor to make sure that your request was received by the office and to find out if it is approved.

1. Applying for Vacation/Time Off
2. Please observe the following procedures when applying for vacation time off:  
   a. Submit your written request to your supervisor(s) at least 3 months in advance. Only on  
    time written requests will be considered.

b. Call your supervisor(s) one week later to verify that your request was received.

c. Your supervisor(s) will notify you whether the request is approved or disapproved as soon as possible. Do not purchase airline tickets or make travel arrangements until you have received approval for the time off. Purchasing tickets in advance will not guarantee your approval and you may lose your ticket money if your time cannot be approved.

1. Please limit all time off requests to 2 weeks or less
2. If you do not return to work as scheduled without good cause, your case may be reassigned permanently to another worker, and you may be subject to disciplinary action.

As with other time off requests, the staff of BSHHA will grant as many vacation requests as possible. However, especially during the busy summer months or winter holiday time, it is not always possible to grant all vacation requests. If your request cannot be approved for a particular period, please remain flexible and work with your supervisor(s) to arrange time off on alternate dates. If you ever have any questions regarding the application for a leave, requesting time off for any holiday or submitting a vacation request, please contact your case coordinator(s) for further clarification.