BAY SHORE SERVICES
1409 Wesley Drive
Salisbury, Md. 21801
Phone 410-341-0307 fax 410-341-0308

LEAVE/SCHEDULE CHANGE REQUEST

Employees must complete this form to request paid or unpaid time off or a schedule change. The completed form must be submitted to your supervisor at least 15 days in advance. Leave request and schedule changes are limited and are approved on a first come basis. Every effort will be made to try and accommodate your request. All time off request CANNOT be granted due to scheduling needs. Your supervisor will notify you within five working days if your request is approved. Bona fide emergency requests will be handled on an individual basis. All approved leave request must be attached to the time sheets corresponding to the absence. Schedule change request are limited to 2 per twelve month period.

Employee Name:
Type of Request: _____ **Leave** _____**Schedule Change**
Beginning Date: _____ **Ending Date:** _____
Total Hours Requested: _____
Schedule Change Requested:
Employee Signature: _____ **Date:** _____
Section Below To Be Completed By Supervisor
Schedule Change/Leave: _____**Approved** _____**Disapproved**
Supervisor Comments:
Supervisor Signature: _____ **Date:** _____