

TLC Employee Planned Time Off and Leave Request

Employee Name:	Date of Submission:
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Planned time off is leave that is requested in advance and can be used for any purpose. Staff is required to request Planned Time Off in writing at least two weeks in advance, or 4 weeks in advance for 4 or more consecutive days, in order to effectively address staffing issues. All requests for Planned Time Off are subject to approval. Typically, TLC will only approve (1) employee off on the same day. If requesting time off, the employee is to check the Staff Time Off Calendar posted under Staff Resources on the TLC website to verify no other employees have requested the same time off. Factors considered in approving Planned Time Off include, but are not limited to, the following:

- Maintaining adequate child/teacher ratios;
- Multiple staff requests for the same period of time;
- Multiple staff requests for time off in the same classroom;
- Transition time; and
- Availability of Planned Time Off hours to cover the absence

Length of Employment	Total Annual Limit for Planned Time Off
Within 90 Days of Employment	0 Planned Days (Unless approved at time of hire)
Within First Year of Employment	10 Planned Days
After 2 Years of Employment	15 Planned Days

Exceptions to these requests are Maternity Leave, Jury Duty, Military Leave and Bereavement Leave. Please refer to Section 4 of the TLC for Tots Employee Handbook for guidelines related to these events. Other exceptions can be made by the Director or Owners but must be amended in writing and require special circumstances.

Reason for Time Off:

(personal, medical, maternity, continuing education, jury duty, military duty, bereavement, etc.)

Planned Time Off Dates Requested (please check appropriate boxes):

Date:		Full Day		Partial Day	Will be in at:	Needs to Leave at:		Apply PTO
Date:		Full Day		Partial Day	Will be in at:	Needs to Leave at:		Apply PTO
Date:		Full Day		Partial Day	Will be in at:	Needs to Leave at:		Apply PTO
Date:		Full Day		Partial Day	Will be in at:	Needs to Leave at:		Apply PTO
Date:		Full Day		Partial Day	Will be in at:	Needs to Leave at:		Apply PTO

Total Number of Days Requested: _____

Staff Signature:	Date:
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For HR / Management Use Only:

Director Signature:	Date:
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_____ of _____ Planned Days Remaining for Current Year