**Endless Options LLC**

Autism Waiver Program Provider

Joseph Lindemon, Administrative Officer

410-526-3637 (office)

410-526-0056 (fax)

**NAME OF EMPLOYEE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sick Leave: I am requesting to use Endless Options Sick Leave on:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am requesting \_\_\_\_\_\_\_ total hours of sick leave (I may

(one or two dates)

use 2 consecutive shifts with a doctor’s note).

Send leave time request to [endlessoptions@hotmail.com](mailto:endlessoptions@hotmail.com) at your earliest opportunity. Failure to do so may lead to denial of your request, or processing of your request in the next pay period. Not providing appropriate documentation may lead to denial and if your request or continued absence would be a hardship on the client it may be denied. Please refer to the written policy for more information.

Approved Not Approved

REASON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_

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