**Endless Options LLC**

Autism Waiver Program Provider

Joseph Lindemon, Administrative Officer

410-526-3637 (office)

410-526-0056 (fax)

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am requesting \_\_\_\_\_\_\_ hours of safe leave (no more than 1 or 2 of my usual shifts).

I am requesting safe leave time for the purpose of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If possible,

attached is official documentation supporting my need to use safe leave time.

Send leave time request to 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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