**Endless Options LLC**

Autism Waiver Program Provider

Joseph Lindemon, Administrative Officer

410-526-3637 (office)

410-526-0056 (fax)

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

Preventative Care Leave: I am requesting to use Endless Options Leave on:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am requesting \_\_\_\_\_\_\_ hours of leave (up to ½ of my usual shift, up to twice a month).

If I am requesting Preventative care leave I have attached my official Doctor’s

Verification form that I attended the appointment.

**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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