



Time Off Request

(for Manpower Patient Attendants Assigned to Michigan Medicine) Manpower®

Associate Name: _____ Date: _____

Please use this form when requesting time off. Completed forms should be submitted via email to paprogram@manpowermi.com.

Patient attendants requesting time off can do so at any time and will be accommodated when possible. It is our hope to approve all requests, but staffing/patient census information will dictate our ability to do so. If you are requesting time off in an emergency situation or during the current work week, email/text are not appropriate ways to communicate this information. Please call the scheduling team at **734-665-1232** instead of using this form.

PLEASE NOTE: If you submit a time off request form and your schedule changes prior to the requested date(s), you will need to submit a new time off request form at the time of the schedule change.

NIGHT SHIFT (11:00pm-7:30am):

First shift requested off is (mm/dd/yy): _____ into (mm/dd/yy): _____

Last shift requested off is (mm/dd/yy): _____ into (mm/dd/yy): _____

DAY SHIFT (7:00am-3:30pm):

First shift requested off is (mm/dd/yy): _____

Last shift requested off is (mm/dd/yy): _____

EVENING SHIFT (3:00pm-11:30pm):

First shift requested off is (mm/dd/yy): _____

Last shift requested off is (mm/dd/yy): _____

NOTE: Any request for two (2) or more weeks off may require additional information to be considered.

What is the best way to contact you as we follow up on your request? Email Phone Text

PLEASE be sure to verify with the Manpower patient attendant scheduling team that your request was received and approved **at least 24 hours** prior to its start.

Associate Signature: _____

FOR OFFICE USE ONLY:

Approved Not Approved Partially Approved

Patient attendant contacted on (mm/dd/yy): _____ via Email Phone Text

Manpower Staff Name: _____

Manpower Staff Signature: _____ Date: _____

Documented: Bullhorn Schedule T/O