



National EMS, Inc.
P.O. Box 1289
Conyers, Georgia 30012
770-922-9578
800-808-0847

Request for Leave

Submitted By: _____ Employee Number: _____

Date: _____ Regular Unit/Shift Assignment: _____

Dates Requested Off: from _____ to _____

Reason: Vacation Sick Swap Other

Explain: _____

PTO Accumulated Hours: _____ Hours to be Used: _____ Remaining Hours: _____

Company Policy

1. New Years Eve, New Years Day, Easter, 4th of July, Memorial Day, Halloween, Thanksgiving, Christmas Eve, and Christmas Day may not be requested off for leave time.
2. Vacation request must be submitted at least 45 days prior to requested time off.
3. Employee requesting leave time must confirm approval.
4. No more than two (2) employees will be allowed time off on the same day. Conflicts will be resolved by the request submitted first.

Employee Signature

Signature of person who agrees to work/swap (If pre-arranged by employee)

Office Use Only:

Date Received: _____

Time Received: _____

Approved

Not Approved

By: _____
EMS Officer Signature