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| Document Name | Time Off Requests |
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Time off requests must be made *at least* two weeks in advance. More time given is appreciated. Finding coverage or attempts to find coverage in the below order is required first:

1. Ask fellow clinicians who are familiar with affected clients to cover first.
2. If they cannot, then make-up sessions must be attempted with the client and/or client's family.
3. If neither of these are possible, talk to your supervisor about their availability to cover, or about other alternatives.

Time off requests must then be made with and approved by supervisor(s) that work with the employee and any clients affected by the potential time off via email, text, or verbally.

The **Time Off Request Form** must then be sent for final approval and scheduling via [Time Off Request Form](#).

### Subsequent Procedure for PTO or Sick Pay Requests

1. Request time off from all direct supervisors and in accordance with clinic-specific procedures.
2. BCBAs – plan for note coverage, supervision coverage, emergency contacts
3. RBTs/BTs - plan for coverage on your cases/make up sessions
4. Admin – plan for tasks and who is covering
5. ***After*** *all supervisors of affected clients/families have approved overall time off*, you may request to take accrued PTO or sick time, if applicable/accrued.
  - a. Check paystubs for current accrual amounts.
  - b. **Complete [Time Off Request Link](#) completely. Responses will be sent to [hr@ogbehavior.com](mailto:hr@ogbehavior.com) for the final review process and for supervisors' reference.**
  - c. Confirmation will be emailed that PTO or sick pay has been approved or denied.

NOTE: **For Sick Pay, only the amount of hours originally scheduled can be covered.** For PTO, more time can be requested if accrued for hourly employees, but additional PTO can be taken on the same days. For salaried employees, a full eight hours will be deducted from accrued sick time.

### Emergency Time Off

For situations such as sudden illness and other emergencies:

1. First, contact the supervisors of affected clients **immediately** via phone call or text.
2. If sick time/PTO will be requested, the Time Off Request Form is required.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date