

**Evergreen Youth & Family Services**

**Mental Health Day Approval Form**

Date (s) Requested Off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_, has approval from

(staff person’s name)

their supervisor, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (supervisor’s name)

To use the day(s) listed above as a mental health day. No more than 8 hours will be granted for this day off and the hours will be subtracted from employee’s sick leave hours.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Employee’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Supervisor’s signature Date

Please make one copy for employee to keep, one copy for supervisor to keep and attach one copy to your time card. Thank you!