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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Allocate Time To:** | **Su** | **M** | **T** | **W** | **Th** | **F** | **Sa** | **Su** | **M** | **T** | **W** | **Th** | **F** | **Sa** |  |
| **Island Health Care** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Island Hospice** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Independent Life at Home** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **THA Services\*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **RightHealth®** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Palliation Choices** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **InteguHealth** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **On Call** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Holiday** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Paid Time Off** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Unpaid Leave** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Paid Leave** (bereavement, jury duty, CEU) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOTALS [Days]** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Mileage** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\* *Note: Only allocate time to* ***THA Services*** *if the activity involves/impacts* ***all companies*** or when time can’t be allotted to a specific service line*.*

|  |
| --- |
| **Comments:** |

|  |  |
| --- | --- |
| **Employee Signature Date** | **Approved By Date** |