



# Good Care Agency, Inc.

2671 CONEY ISLAND AVENUE  
BROOKLYN, NY 11235  
TEL 718-635-3535 FAX 718-648-0238



From:

Last Name \_\_\_\_\_

First \_\_\_\_\_ Name

\_\_\_\_\_

SSN \_\_\_\_\_

I am requesting my PTO (Paid Time Off) for the following dates

\_\_\_\_\_

\_\_\_\_\_

Signature:

Date: