



98-029 Hekaha St. Unit 30 Aiea, HI 96701  
Phone: (808) 484-2205 Fax: (808) 488-2151

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## LEAVE/VACATION NOTIFICATION

TO: Nightingale Case Management, Inc.

CC: Community Ties of America

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

I, \_\_\_\_\_ will be on leave from \_\_\_\_\_ to \_\_\_\_\_.

Reason for leave: \_\_\_\_\_  
(Vacation, emergency, etc.)

The following qualified caregivers will be caring for my clients in my foster home:

1. \_\_\_\_\_
2. \_\_\_\_\_

I have informed the client/family of my vacation. I will notify NCMI if I am unable to come back on the scheduled return date as soon as possible.

Thank You.

\_\_\_\_\_  
PCG

\_\_\_\_\_  
Date