

REQUEST FOR LEAVE



EMPLOYEE NAME: _____

DATE SUBMITTED: _____

PERSONAL _____	VACATION _____
MEDICAL _____	UNPAID _____
JURY DUTY _____	BEREAVEMENT _____
PERSONAL HOLIDAY _____	OTHER _____

DATE REQUESTED:

HOURS REQUESTED:

TOTAL _____

EMPLOYEE SIGNATURE: _____

APPROVED: _____

DISAPPROVED: _____

SUPERVISOR SIGNATURE: _____

DIRECTOR/SPECIALIST SIGNATURE: _____