



REQUEST FOR LEAVE

This form should be completed and signed by appropriate supervisors at least 2 weeks prior to date requested.

Staff Name _____ Total Amount of Paid Hours

Type of Leave	Date and Time	Number of Hours
Annual		
Float		
Sick		

Type of Leave	Date and Time	Number of Hours
Jury		
Military		
Funeral		

Family Medical Leave (Specify what type of leave you will use)		
Type of Leave	Date and Time	Number of Hours
Annual		
Float		
Sick		
Unpaid		

Reason for Absence _____

Staff Signature _____ Date _____

Approved (Supervisor: Before approving, please ensure that dates/times do not substantially interfere with program operations)
Denied Reason for Denial _____

Supervisor Date Content Area Director/If Applicable Executive Director/If Applicable
Original (white) - Human Resources Copy (yellow) - Employee Copy (pink) - Supervisor



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