



# LEAVE REQUEST FORM FOR EMPLOYEES

EMPLOYEE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ PP# \_\_\_\_\_

ENDING LEAVE BALANCES: ANNUAL \_\_\_\_\_ SICK \_\_\_\_\_ COMP \_\_\_\_\_

Note: Directors may request a doctor's statement for sick leave at his/her discretion.

DAY	DATE	ANNUAL	SICK	COMP	FUNERAL	OTHER
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						
	TOTAL HOURS					

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_

\*\*\*\*\*FOR SUPERVISOR\*\*\*\*\*

\_\_\_ Approved \_\_\_ Disapproved

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Explanation for Disapproved leave: \_\_\_\_\_