LEAVE REQUEST FORM FOR DIRECTORS

EMPLOYEE: _____ DEPARTMENT: _____ PP#_____

ENDING LEAVE BALANCE: ANNUAL_____ SICK_____ COMP_____

Note: Supervisors 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**********

Pursuant to EST Resolution #2013-10523, any decision made on behalf of the SBC must have 4 Signatures.

_____ _____

SBC Member Signature SBC Member Signature

_____ _____

SBC Member Signature SBC Member Signature