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: _____