LEAVE REQUEST

NAME OF EMPLOYEE: _____

TYPE OF LEAVE: _____ SICK   _____ ANNUAL   _____ ADMINISTRATIVE

                      _____ LWOP   _____ OTHER: (_____)

DATE OF LEAVE: _____ to _____   Hours: _____ am/pm   to _____ am/pm

Employee Signature: _____   Date Submitted: _____

_____   _____ APPROVED   _____ DISAPPROVED
SUPERVISOR   DATE
        {Please review the Policies and Procedures Manual for policy guidelines on the types of leave.}

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