REQUEST FOR LEAVE

NAME: _____
(Last) (First) (Middle Initial)

Department:

TYPE OF LEAVE REQUESTED

☐ Annual Leave ☐ Administrative Leave

☐ Bereavement (Immediate Family – Spouse, Children, Brother, Sister, Parents, Mother/Father-in-law, Brother/Sister-in-law, or Grandparents)

☐ Sick Leave (to be used for doctor appointments, personal or family illness)

Reason: _____

☐ Personal Day

☐ Other _____

☐ Conference/Training

Name of Conference/Training: _____

Location of Training; _____

Reason for Training: _____

PERIOD OF LEAVE REQUESTED

From		To		No. Hours
Time	Date	Time	Date	
Employee's Signature (Sign in Ink)				Date Submitted

APPROVALS/DISAPPROVALS

Immediate Supervisor	☐ Approval	☐ Disapproval	Date
Second Line Supervisor	☐ Approval	☐ Disapproval	Date

REASON FOR DISAPPROVAL WILL BE WRITTEN ON REVERSE SIDE
Revised 09-28-04