

REQUEST FOR LEAVE

Name _____ Date Submitted _____

REQUEST FOR:

NUMBER OF HOURS/DAYS:

- | | | |
|----|--------------------|-------------------|
| 1. | Sick Leave | () _____ |
| 2. | Annual Leave | () _____ |
| 3. | Comp. Time | () _____ |
| 4. | Professional Leave | () Explain _____ |
| 5. | Other | () Explain _____ |

Date(s) of Leave

Employee's Signature

Date Approved

Supervisor's Signature

Revised 11/2/09