

REQUEST FOR LEAVE

Name: _____

Date: _____ SSN: _____

From: Date	Time	To: Date	Time	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Hours Requested				_____

This leave will be:

- Vacation Sick Holiday Personal Leave w/o pay
 Other: _____

Employee Signature

Date

- Approved Denied

Supervisor

Date