REQUEST FOR LEAVE

Upon approval, attach the original request to corresponding time sheet.

Date of Request	Employee Name (Please print)

Date(s) Leave to be used: _____

Leave Type ☐ Vacation ☐ Sick ☐ Comp ☐ Leave without Pay ☐ Other_____

# of hours or time frame to be out: _____

Employee Signature _____

Approval Signature _____

Approver's Title _____ Date of Approval _____

Please request vacation two weeks in advance when possible.
Leave is subject to approval and contingent upon available leave accruals.

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