LEAVE REQUEST

NAME: ___________________________ DATE: _____________
TITLE: ___________________________
DEPARTMENT: _____________________

I request the following leave:

VACATION: ________ DAY/S FROM: ________ THRU: ________
SICK: ________ DAY/S FROM: ________ THRU: ________
PERSONAL: ________ DAY/S FROM: ________ THRU: ________
OTHER* ________ DAY/S FROM: ________ THRU: ________

*Explain reason for request: ____________________________________________________________

__________________________________________
SIGNATURE

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APPROVED: ________ DISAPPROVED: ________

SUPERVISOR

2/05