



To: Executive Director

Through: Immediate Supervisor

From: _____
Employee Name (printed) Employee Signature/Date

Employee Request for Leave

I request leave on the following date(s) and time(s) for a total of _____ hours.

Table with columns: Date (s), Time (s), Hrs. Rows for Mon-Sun with a.m./p.m. time slots.

Comments: _____

Type of leave to be charged:

Vacation _____ Urgent Personal Business _____ Sick (family) _____
Sick (self) _____ Professional Development _____ Comp Time _____
Bereavement _____ Other (please specify) _____

* Please complete in advance, unless sick or an emergency.

Recommend approval: YES NO

Immediate Supervisor/Date Executive Director/Date

If recommendation is denied, state reason: _____

* Upon completion, please submit to Coordinator of Operations for Payroll Processing. A signed copy will be returned to you.