Request for Leave Form

Name:	Date	
Please use this form to request all types of leave. Als days available. Requests must be submitted to one's		
Vacations (12-month employees) should be scheduled Personal Leave should be scheduled one week or merequest is for the day before or after a holiday or durithe CEO.	ore in advance. A rea	ason must be provided if the
Professional Leave should be requested one week in description of the purpose. All out-of-state profession Sick Leave should be requested within three days of attached if sick leave is for a period of 3 or more day any restrictions is required following any absence du Family and Medical Leave requires a 30-day advant physician information is also required. See Human R All time off may be used in minimum increments Please refer to the Handbook for more specific information in the specific information is also required.	nal leave must be appreturning to work. As. A written release to surgery or a serice written notice, whe esources for forms. of 15 MINUTES.	proved by the CEO. A medical excuse should be from the treating physician listing ous medical condition. en possible. Additional attending
# Avail. <u>Days</u> (√) Type of Leave Requesting	Date(s) of Leave	<u>Hour(s)</u>
•	* (Example: 1/5/19)	Example: (1:10–3:10 = 2hrs)
Vacation (12 month employees)Personal LeaveProfessional Leave (In State)Professional Leave (Out of State)Bereavement LeaveSick LeaveFamily and Medical LeaveOther, Please explain		
Explanation, if required:		
Employee Signature		Date
Disposition: Leave approved with Pay Leave approved without Pay Leave not approved, absence w	vill be treated as unex	cused
Supervisor's Signature/Date Original: Human Resources		Officer's Signature/Date (if required)

* PLEASE MAKE SURE DATE <u>AND</u> HOURS ARE INCLUDED ON REQUEST AS SHOWN IN EXAMPLE