

EMPLOYEE REQUEST FOR LEAVE

FROM: _____

FOR: _____ DATE REQUEST SUBMITTED: _____

REASON:

PERIOD FROM _____ TO _____

DAYS/HOURS _____

REQUESTED AS:

- LEAVE WITHOUT PAY
- INDEFINITE LEAVE OF ABSENCE
- VACATION
- SICK LEAVE (retroactive)
- _____

Signature

Date

- APPROVED AS SUBMITTED
- DISAPPROVED (see below)
- CONDITIONAL APPROVAL (see below)

REMARKS:

Signature

Date

cc:file-Employee
Record of Leaves