



LEAVE REQUEST FORM

Employee Name: _____ R#: _____ Request Date: _____

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Check All that Apply:

Leave Type	Date From	Date To	Time From AM/PM	Time To AM/PM	Hours	Scheduled / Unscheduled

On-the-job-injury – Effective date: _____

Funeral Relationship: _____

Employee Comments:

Vacation Available Hours this Occasion Balance remaining Through

Sick Available Hours this Occasion Balance remaining Through

Employee Signature: _____

Supervisor Signature: _____

Approved

Disapproved

Supervisor comments:

Superintendent Signature: _____

Approved

Disapproved

Director Signature: _____

Approved

Disapproved