

LEAVE REQUEST

I hereby request a total of _____ hours of

from _____ through _____ .
Time Date Time Date

I will return to work at _____ on _____ .
Time Date

In the event of an emergency, I can be reached at (_____) _____ .
Area Code Number

Employee Signature / Date

Supervisor Signature / Date

Approved

Disapproved*

*Reason leave was denied: