



REQUEST FOR LEAVE OF ABSENCE

Date of Request _____

Employee's Name _____
Last Name First Name

I hereby apply for leave of absence as specified below:

from _____ to _____ inclusive _____ hours/days _____ am
date date pm

- Vacation
- Time in Lieu of Overtime
- Union Leave
- Bereavement – specify relationship of the deceased
- Jury/witness Duty – attach copy of subpoena or summons
- Family/Floating Leave
- Unpaid Leave – Reason for request _____

Employee's Signature _____

Approval Signature _____
Manager/Supervisor

Date Approved _____

cc: Personnel File