



EMPLOYEE REQUEST FOR LEAVE

Submit this form monthly with your time sheet.

Employee: _____

Number of days requested for this period: _____

Date of Absence(s)	Increment of Time	Type of Leave Taken

SICK LEAVE (SL): Employee illness or accident, illness of spouse, parents, child. Absence of more than two consecutive days requires written verification from attending physician.

PERSONAL LEAVE (PL): Each full time employee may use up to three days of personal leave per year without regard to reason.

OUT-OF-CALENDAR LEAVE (OC): Employees requesting more than two consecutive days will require the prior approval of the Executive Director.

BEREAVEMENT LEAVE (BL): Each full-time employee may request up to three days of leave due to death in family. When circumstances justify an extension beyond the three days will be granted.

JURY DUTY (JD): Attach a copy of the Jury Duty Summons that indicates the name of the court and the amount paid per day.

I hereby certify with my signature that I was absent on the date(s) indicated for the reason stated. I understand that falsification of this report may lead to charges for dismissal.

Employee Signature _____ Date _____

Immediate Supervisor Signature _____ Date _____

APPROVED

Executive Director _____ Date _____

DENIED

Reason _____

Executive Director _____ Date _____