

LEAVE OF ABSENCE REQUEST FORM

| DATE(S) REQUESTED | HOURS UNAVAILABLE | TYPE OF LEAVE |
|-------------------|-------------------|---------------|
| _____ | _____ TO _____ | ___ PAID |
| _____ | _____ TO _____ | ___ UNPAID |
| _____ | _____ TO _____ | ___ SICK |
| _____ | _____ TO _____ | |
| _____ | _____ TO _____ | |
| _____ | _____ TO _____ | |
| _____ | _____ TO _____ | |
| _____ | _____ TO _____ | |
| _____ | _____ TO _____ | |
| _____ | _____ TO _____ | |
| _____ | _____ TO _____ | |
| _____ | _____ TO _____ | |

NOTE: If hours go into more than one pay period, please complete a form for each pay period.

TOTAL NUMBER OF HOURS REQUESTED:

PLEASE WRITE DOWN ALL SITES THAT THIS LOA IS FOR:

COMMENTS:

Employee Name (Please Print)

Employee Signature

Date

LEAVE APPROVED _____

LEAVE DENIED _____

Supervisor's Signature

Date