



EMPLOYEE LEAVE REQUEST FORM

Name: _____

Office: _____

Month/Year: _____

I hereby request a leave from my duties for the period beginning

_____ and ending _____

MONTH/DAY/YEAR

MONTH/DAY/YEAR

for the following reasons:

Vacation Leave:	Days _____	Sick Leave:	Days _____
	Hours _____		Hours _____

Compensatory Leave:	Days _____	Other:	Days _____
	Hours _____		Hours _____

*Explanation of "Other" leave: _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO
BECKY MCCRAY IN THE BUSINESS OFFICE
BEFORE THE 12TH OF THE MONTH.