



Leave Request

Employee Use:

Date: _____

To: _____

From: _____

Dates of Leave:

From: _____ To: _____

Please indicate reason for request:

Bereavement Jury Duty Military Vacation Other

If other, please provide reason for request:

If Vacation Request, must be submitted for approval 7 days prior to the start date :

Total Days of Vacation Requested _____

Total Days of Vacation Taken Prior To This Request _____

Total Days of Vacation, Including Request _____

Office Use Only:

The above request is:

Approved with pay

Approved with out pay

Not approved

Approval:

Program Director

Date: _____

Program Administrator

Date: _____

Administrator of Finance and Operations

Date: _____

Executive Director

Date: _____

All leave requests must be approved by the Program Director and then the Administrator of Finance & Operations before being submitted to the Executive Director for final approval.