

Application for Leave

How to use this form: Please complete this form for planned time off (ex: vacation, overtime, education, etc.) or unplanned/unexpected time off (ex: sick, bereavement, etc.). Note that if you requested time off and didn't take it, you must notify your director and he/she must amend your request in the section below. Your applications for leave requests must match our time logs each month.

Leave Request

Name: _____

Position: _____

From: _____ / _____ / _____ / _____
Hour Day Month Year

To Return: _____ / _____ / _____ / _____
Hour Day Month Year

Reason	Days / Hours
<input type="checkbox"/> Vacation	
<input type="checkbox"/> Sick	
<input type="checkbox"/> Bereavement	
<input type="checkbox"/> Overtime	
<input type="checkbox"/> Education	
<input type="checkbox"/> Injury	
<input type="checkbox"/> Float	
<input type="checkbox"/> Leave without pay	

Duties covered by: _____

Leave with pay

Without pay

Signature

Date

Director Signature

Date

Request Amendment

Make the following changes to above application:

Director initial