

APPLICATION FOR LEAVE

Name _____ Date _____

Program _____ Region _____

I hereby apply for _____ hour(s) of _____ leave

beginning (date) _____ THRU _____

Hours — from _____ A.M. _____ A.M.
P.M. _____ P.M.

I UNDERSTAND THAT ANY ANNUAL LEAVE AUTHORIZED
IN EXCESS AMOUNT AVAILABLE TO ME DURING THE LEAVE
YEAR WILL BE CHARGED TO LEAVE WITHOUT PAY.

NOTE TO EMPLOYEE: If you are applying for sick leave, complete the appropriate statement below. Explanation must be completed, i.e., flu, stomach virus, etc.

DURING THIS ABSENCE I WAS:

_____ Incapacitated for duty by sickness or injury.

EXPLAIN: _____

_____ Undergoing medical, dental, or optional examination or treatment.

Signature of Employee

Approval of Immediate Supervisor

Posted to leave recorded by

Approval of Regional Supervisor

Date

Approval of Executive Director & Date