



REQUEST FOR LEAVE

Date of Request: _____

Name _____

Department _____

Leave Type	Date(s)	# of Hours
Vac <input type="checkbox"/> Pers <input type="checkbox"/> S <input type="checkbox"/> Other <input type="checkbox"/>	_____	_____
Vac <input type="checkbox"/> Pers <input type="checkbox"/> S <input type="checkbox"/> Other <input type="checkbox"/>	_____	_____
Vac <input type="checkbox"/> Pers <input type="checkbox"/> S <input type="checkbox"/> Other <input type="checkbox"/>	_____	_____

Describe other leave or provide additional information in the space below:

Comments: *Limit 200 Characters*

Approved by: _____ Date: _____

Leave Types:

Vacation	Vac
Personal	Pers
Sick	S
Comp	C