LEAVE REQUEST

Today's date: Today's date: Name (print): Name (print): I am requesting leave for: I am requesting leave for: Bereavement Jury Duty Jury Duty Bereavement Paid Time Off Other: Paid Time Off Other: Date(s) of leave: Date(s) of leave: Time or number of hours to be charged: Time or number of hours to be charged: Reason for leave: Reason for leave: Supervisor's signature Employee's signature Supervisor's signature Employee's signature **LEAVE REQUEST LEAVE REQUEST** Today's date: ____ Today's date: ____ Name (print): Name (print): I am requesting leave for: I am requesting leave for: ☐ Bereavement ☐ Jury Duty ☐ Bereavement ☐ Jury Duty Paid Time Off Other: Paid Time Off Other: Date(s) of leave: _____ Date(s) of leave: ____ Time or number of hours to be charged: Time or number of hours to be charged: Reason for leave: Reason for leave: Employee's signature Supervisor's signature Employee's signature Supervisor's signature

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