

**Procedure**  
**Leave Request Form**  
*Revised December 18, 2006*

**Leave Request Form**

Requests for leave must be made on this form and given to your immediate supervisor at least two (2) weeks prior to the date being requested.

Name \_\_\_\_\_

Circle one:

F/T Staff: Paid Personal Time / Paid Vacation Time

P/T Staff: Paid Vacation Time / Unpaid Time

Other \_\_\_\_\_

Date(s) and time(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature:

\_\_\_\_\_

Date\_\_\_\_\_

Supervisor Signature:

\_\_\_\_\_

Date\_\_\_\_\_

Scheduling Supervisor Signature:

\_\_\_\_\_

Date\_\_\_\_\_

Director Signature:

\_\_\_\_\_

Date\_\_\_\_\_

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Notification of Leave Approval

Name \_\_\_\_\_

Your leave request has been approved for the following dates:

\_\_\_\_\_

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Other \_\_\_\_\_

Date(s) and time(s):

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\_\_\_\_\_  
\_\_\_\_\_

Employee Signature:

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Date\_\_\_\_\_

Supervisor Signature:

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Date\_\_\_\_\_

Director Signature:

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Date\_\_\_\_\_

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Notification of Leave Approval

Name \_\_\_\_\_

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