

# Employee Request for Leave

Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Date of Absence: \_\_\_\_\_

Number of Days:

	Sick Leave
	Personal Business Leave
	Other-Description Required:
	<b><i>Total Number of Days Requested</i></b>

Employee Signature: \_\_\_\_\_

Supervisor's Signature:

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Sub Used : \_\_\_\_\_