



EMPLOYEE LEAVE REQUEST

PRINT NAME _____

MONTH _____

	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
	DATE	DATE	DATE	DATE	DATE	DATE	DATE	
SICK								
VACATION								
COMP TIME								
EXTRA DAY								
OTHER								

EXPLANATION _____

F&P Office

EMPLOYEE SIGNATURE _____

SUPERVISOR SIGNATURE _____

