

EMPLOYEE LEAVE REQUEST

PRINT NAME:

MONTH:

S-sick **V**-vacation **C**-comp time **P**-Personal **SP**-SEIU Special Day
O-other explain **LWOP**-Leave without pay Super. Approval needed

DATE	TYPE	REASON	TIME OF DAY	TOTAL HOURS

EMPLOYEE SIGNATURE:

DATE:

APPROVED BY SUPERVISOR: **YES** **SEE SUPERVISOR**

SUPERVISOR SIGNATURE:

DATE: