

Name: _____

Date: _____

Department: _____

Period of Leave: From: _____

To: _____

Total Days Claimed: _____

Please Check One:

* Vacation Leave

Leave without pay

* Sick Leave (Doctor's note may be required)

Jury Duty/Bereavement

*** Failure to designate reason for leave will result in leave without pay ***

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Payroll Use Only:

Vacation Days Available: _____

Sick Days Available: _____

Email