



## Family Support Center Leave Authorization

(Use a separate sheet for each leave of absence)

Employee's Name \_\_\_\_\_

Program \_\_\_\_\_

Length of Leave \_\_\_\_\_ Days      From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Day)      (Month/Day)

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### Purpose of Leave

(Check only one)

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☐ **Vacation**

☐ **Personal Holiday**

☐ **Health**

☐ Self

☐ Immediate Family

☐ **Bereavement**

Relationship: \_\_\_\_\_

☐ **Professional Development**

Describe and attach registration form/fee amount if requesting FSC cover associated fees:

\_\_\_\_\_

☐ **Leave without pay**

Purpose: \_\_\_\_\_

☐ **Administrative Leave**

☐ **Other**

Explain: \_\_\_\_\_

*Note: when circumstances prevent completion of this form prior to your absence, please acquire verbal authorization and complete form on the day of your return. Signed form should be submitted with the corresponding time card.*

*All vacation requests should be made at least 30 days in advance.*

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

Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Leave authorized (please circle) Yes No

Added to agency calendar (please circle) Yes No

Updated 11/9/17 NS