

FOR OFFICE USE ONLY

☐ REQUEST APPROVED ☐ REQUEST DENIED

Note: _____

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Date of Hire: _____

LEAVE OF ABSENCE REQUEST FORM

To be used for ALL types of leave – paid or unpaid

USE ONLY ONE FORM PER TIME PERIOD REQUESTED

Name (print): _____ Date Submitted: _____

Type of Leave Requested:

- | | | |
|---|--|--|
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Civil Leave* | <input type="checkbox"/> Education Leave** |
| <input type="checkbox"/> Extraordinary Sick Leave** | <input type="checkbox"/> Maternity/Paternity Leave | <input type="checkbox"/> Unpaid Leave** |
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Adoption Leave | <input type="checkbox"/> Leave Sharing Program** |
| <input type="checkbox"/> MDTO Leave | <input type="checkbox"/> Employee Appreciation Day | <input type="checkbox"/> Family and Medical Leave Act* |
| <input type="checkbox"/> Military Leave* | <input type="checkbox"/> Bereavement Leave | <input type="checkbox"/> Other* _____ |

*ATTACH ALL NECESSARY DOCUMENTATION

**REQUIRE EXECUTIVE DIRECTOR'S APPROVAL – SEE PERSONNEL POLICY

First Choice:

Date (s)	From (start time)	To (end time)	Total Time
Total Leave:			

☐ Check if you would like to be on a Wait List for this day(s)

Second Choice:

Date (s)	From (start time)	To (end time)	Total Time
Total Leave:			

☐ Check if you would like to be on a Wait List for this day(s)

Third Choice:

Date (s)	From (start time)	To (end time)	Total Time
Total Leave:			

☐ Check if you would like to be on a Wait List for this day(s)

Employee Signature: _____

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Recommended: ☐ (BE SURE TO NOTE LEAVE TYPE ON TIMECARD)

Not Recommended: ☐ Note: _____

Signature: _____ Date: _____
SCHEDULER (IF DRIVER)

Signature: _____ Date: _____
SUPERVISOR

☐ Original to Finance Manager

Copies to:

☐ Employee

☐ Supervisor