

Commonwealth Property Management
2375 130th Avenue NE, Suite 102
Bellevue, WA 98005
(425) 881-9890
(425) 881-8720 Fax

REQUEST FOR LEAVE

**FORM
11W**

ONE FORM PER EMPLOYEE

Community: _____ Employee Name: _____
(Print)

Dates of Requested Leave – From: _____ Thru: _____ Total #/Days: _____

☐ Sick ☐ Earned Vacation Leave ☐ Leave Without Pay ☐ Other: _____

Employee Signature: _____ Date: _____

OFFICIAL ACTION ON REQUEST – corporate office use only

☐ Approved ☐ Disapproved Remarks: _____

Employer Signature: _____ Date: _____

White – Employee File

Yellow – Employee

Revised May 2005

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