

LEAVE REQUEST

STAFF MEMBER'S NAME _____ SEDL UNIT _____

TYPE(S) OF LEAVE REQUESTED:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> SICK (S) | <input type="checkbox"/> PERSONAL HOLIDAY (P) | <input type="checkbox"/> LEAVE W/O PAY FMLA (F)* |
| <input type="checkbox"/> VACATION (V) | <input type="checkbox"/> JURY DUTY (J)* | <input type="checkbox"/> LEAVE W/O PAY NOT FMLA (L)* |

Date(s)	Exact Time(s)	(FROM)	(TO)	No. of Hours**
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Staff Member's Signature _____ Date Signed _____

Approval: _____

SUPERVISOR'S SIGNATURE

DATE SIGNED

SEDL UNIT DIRECTOR'S SIGNATURE

DATE SIGNED

* Supporting documentation required

**Record time to nearest tenth of an hour