

AEMT Leave Application

Employee Name: _____

Date: ____/____/2021

Reminder: Do not include weekends or multiple days without same hours per day

VACATION LEAVE

From:	Lunch Hr	To:
Date: ____/____/2021 Time: ____am/pm Y/N		Date: ____/____/2021 Time: ____am/pm Hours: ____
Date: ____/____/2021 Time: ____am/pm Y/N		Date: ____/____/2021 Time: ____am/pm Hours: ____
Date: ____/____/2021 Time: ____am/pm Y/N		Date: ____/____/2021 Time: ____am/pm Hours: ____
Date: ____/____/2021 Time: ____am/pm Y/N		Date: ____/____/2021 Time: ____am/pm Hours: ____
Date: ____/____/2021 Time: ____am/pm Y/N		Date: ____/____/2021 Time: ____am/pm Hours: ____
Total Hours: ____		

SICK LEAVE

From:	Lunch Hr	To:
Date: ____/____/2021 Time: ____am/pm Y/N		Date: ____/____/2021 Time: ____am/pm Hours: ____
Date: ____/____/2021 Time: ____am/pm Y/N		Date: ____/____/2021 Time: ____am/pm Hours: ____
Date: ____/____/2021 Time: ____am/pm Y/N		Date: ____/____/2021 Time: ____am/pm Hours: ____
Date: ____/____/2021 Time: ____am/pm Y/N		Date: ____/____/2021 Time: ____am/pm Hours: ____
Date: ____/____/2021 Time: ____am/pm Y/N		Date: ____/____/2021 Time: ____am/pm Hours: ____
Total Hours: ____		

BEREAVEMENT LEAVE

From:	Lunch Hr	To:
Date: ____/____/2021 Time: ____am/pm Y/N		Date: ____/____/2021 Time: ____am/pm Hours: ____
Date: ____/____/2021 Time: ____am/pm Y/N		Date: ____/____/2021 Time: ____am/pm Hours: ____
Date: ____/____/2021 Time: ____am/pm Y/N		Date: ____/____/2021 Time: ____am/pm Hours: ____
Total Hours: ____		

APPROVED: YES / NO

EMPLOYEE'S SIGNATURE: _____

DATE: ____/____/2021

SUPERVISOR'S SIGNATURE: _____

DATE: ____/____/2021