

Time Off Request

Name: _____

Leave Date: _____

How much time do you need? (mark with an X)

1hr _____

2hrs _____

4hrs _____

Full Day _____

Other _____

Type of Leave: (mark an X)

_____ Sick leave (illness or Injury)

_____ Bereavement leave (Immediate Family)

_____ Bereavement leave (Other)

_____ Personal leave

_____ Jury Duty or legal leave

_____ Emergency leave

_____ Temporary leave

_____ Leave without pay

_____ Other _____