



## Helping Hand Developmental Center Employee Leave Request Form

Name \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Leave time will be taken as:

\_\_\_\_\_ Annual Leave      \_\_\_\_\_ Personal Leave      \_\_\_\_\_ Sick Leave

\_\_\_\_\_ Business Leave      \_\_\_\_\_ Leave without Pay

Total Days Requested: \_\_\_\_\_ Hours Needed: \_\_\_\_\_ (ex.8-4)

Substitute Needed: \_\_\_\_\_ YES      \_\_\_\_\_ NO

Substitute name: \_\_\_\_\_ Confirmed:      YES      NO

\*\*\*\*\*

Supervisor Signature \_\_\_\_\_ Approved:      YES      NO

Notify Susan PRIOR to taking the day. I was notified by:

TEXT              EMAIL              PHONE CALL              IN PERSON

Director Signature \_\_\_\_\_ Approved:      YES  
NO

If denied, reason: \_\_\_\_\_

\*\*\*\*\*

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_