



Request for Time Off

Name: _____ **Position:** _____

Type of leave requested:

- Paid Vacation
- Paid Sick Leave
- Paid Personal Leave
- Unpaid Leave

Dates of requested leave _____ through _____.

Reason for leave (optional) _____

Employee Signature _____ Date _____

ADMINISTRATION

- Leave approved
- Leave not approved

Comments: _____

Administrator's Signature _____ Date _____