

# APPLICATION FOR LEAVE

NAME: \_\_\_\_\_

*Please print*

DATE: \_\_\_\_\_

## TYPE OF DAY REQUESTED

Personal Business

Vacation

Sick

Unpaid

Funeral

*Relationship to the Deceased* \_\_\_\_\_

Other

*Please specify* \_\_\_\_\_

Total number of days requested: \_\_\_\_\_

Dates of days requested: \_\_\_\_\_

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

\_\_\_\_\_  
*Supervisor Signature indicating approval*