



REQUEST FOR LEAVE OF ABSENCE

This form should be completed by the employee at least four weeks before the anticipated leave is to begin. It should be routed in accordance with the approval listing below. Three weeks notice should be given when returning from leave. Completion of this form does not guarantee that the proposed leave will be granted.

1. Name of Employee: _____

2. Title: _____

3. Proposed Dates of Leave: From _____ To _____

4. Reason for Leave: _____

5. Leave status (please check one):

____ Leave with full pay ____ Leave at partial pay ____ Leave without pay

Please explain how leave credits will be used, partial pay arrangements proposed, and any special arrangements proposed for working during the leave of absence:

Considered by: (check one)

Approve Disapprove Date Signature

- 1. Supervisor _____
- 2. Cabinet Level Administrator _____
- 3. VP Business & Finance _____
- 4. President _____