



## APPLICATION FOR LEAVE

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

PRIOR APPROVAL IS REQUIRED FOR ANY LEAVE OTHER THAN SICK LEAVE. LEAVE AUTHORIZED IN EXCESS OF CURRENT LEAVE BALANCE WILL BE CHARGED TO LEAVE WITHOUT PAY.

**TYPE OF LEAVE (ENTER NO. OF HOURS):**

VACATION:		WITHOUT PAY:	
BEREAVEMENT:		PAID ADMIN LEAVE (COVID):	

SICK:		I CERTIFY THIS ABSENCE WAS DUE TO:	
		DATE OF INDUSTRIAL ACCIDENT:	
IF ABSENCE IS IN EXCESS OF 3 DAYS, MEDICAL CERTIFICATION FROM THE ATTENDING PHYSICIAN MAY BE REQUIRED.			

	DATE	TIME
BEGIN:		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
END:		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
		NO. OF HOURS:

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
SUPERVISOR SIGNATURE (IF APPLICABLE)

\_\_\_\_\_  
MANAGER SIGNATURE