



PRE-APPROVAL REQUEST FOR LEAVE FORM

EMPLOYEE'S NAME (PLEASE PRINT)

DATE

TYPE OF LEAVE REQUESTED

_____ SICK LEAVE

_____ ANNUAL LEAVE

_____ PERSONAL LEAVE

START DATE: _____ END DATE: _____

AMOUNT OF LEAVE REQUESTED

DAY(S) _____ HOUR(S) _____ MINUTES _____

IF REQUESTING HOURS ONLY, PLEASE INDICATE THE RANGE OF TIME REQUESTING HOURS & MINUTES (i.e. 2:30-3:45 p.m.)

HOUR _____ MINUTES _____ A.M/P.M. _____

TO

HOUR _____ MINUTES _____ A.M/P.M. _____

EMPLOYEE'S SIGNATURE

SUPERVISOR SIGNATURE