

Employee Name		Employee Number	
I hereby request leave for	the purpose indicated below:		
	Vacat	tion	
From:		Thru:	
	Sic	k	
From:		Thru:	
	Leave Wit	hout Pay	
From:		Thru:	
	Leave Requ	iest Hours	
	Vacation Leave	Hours	
	Sick Leave	Hours	
	Business Leave	Hours	
	Leave Without Pay	Hours	
Employee Signature		Date	
Supervisor Signature		Date	
Manager Signature		Date	