



# Request for Authorized Leave

All requests are to be submitted to your immediate supervisor at least ten (10) days prior to the requested absence.

Name

Date Submitted

Date(s)	Vacation	Sick	Bereavement	Floating Holiday	Conference/ Professional Meeting	Other*	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Falsification of either a written statement or a physician's certificate is grounds for disciplinary action, including dismissal.

Comments

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Date Expected to Return to Work

Supervisor's Signature \_\_\_\_\_

Date

Supervisor's Title

*Other	
FMLA	Family Medical Leave
PL	Personal Leave
CD	Court Duty
ML	Military Leave