

Leave Request

Name: _____

Date(s) for leave requested: From: _____ to: _____

Time(s) for leave requested: From: _____ to: _____

Type of leave requested: *Number of hours*

Annual _____

Sick _____

Personal _____

Leave Without Pay _____

Other: *please explain:*

Employee Signature: _____ Date: _____

Approved by: _____ Date: _____

Manager of Finance and Administration

Approved by: _____ Date: _____

Executive Director

Number of Hours prior to requested leave: _____ hours

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