



PERSONAL LEAVE REQUEST

Submit this form directly to your supervisor.

Name:

Today's Date:

Type of Leave

Date of Leave

Time (ex: 2-4pm)

Total Hours

Substitute Required?

Yes

No

If no, please explain:

Suggested Sub:

Confirmed?

Yes

No

Employee Signature

Date

Supervisor Signature

Date

NOTE: If sick leave is used for three (3) or more consecutive days, Human Resources must be notified and a doctor's note is required upon return to work.