

Catholic Social Services

(Printed on Green Paper)

LEAVE REQUEST

Employee Name _____ Today's Date _____ Program _____

(Types of Leave = PTO, BSL, Bereavement, Military, Jury, FMLA, Administrative Leave, LWOP)

Leave Type _____ Date (From-Through) _____ Hours _____ Return to Work Date & Time _____

Employee Signature _____ Date _____ Supervisor Signature for Approval _____ Date _____

Executive Director Signature* _____ Date _____

*For LWOP only

Notes: (contact information if necessary)

*** Copy for your files.***

A Leave Request Form must be filled out for each leave request.

(July 22, 2009)

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