



REQUEST FOR LEAVE

SUPERVISOR APPROVED TIME OFF

_____ WITH PAY

_____ WITHOUT PAY

TO: _____
SUPERVISOR

_____ DEPARTMENT

FROM: _____
EMPLOYEE NAME

REASON FOR LEAVE:

DATE/TIME REQUIRED:

EMPLOYEE'S SIGNATURE

DATE

APPROVAL

NOTE: COMPASSIONATE LEAVE REQUEST WITH PAY NOT COVERED BY THE COLLECTIVE AGREEMENTS OR ADMINISTRATIVE TERMS.

TIME OFF WITH PAY: _____

APPROVER SIGNATURE

DATE