DATE OF REQUEST: ____________________________

EMPLOYEE NAME: ____________________________

DATE(S) LEAVE TO BE TAKEN: ____________________________

ANNUAL: HOURS: ____________ DAYS: ____________

BEREAVEMENT: HOURS: ____________ DAYS: ____________

COMP: HOURS: ____________ DAYS: ____________

HOLIDAY REPAY: HOURS: ____________ DAYS: ____________

SICK: HOURS: ____________ DAYS: ____________

TRAINING: HOURS: ____________ DAYS: ____________

OTHER: HOURS: ____________ DAYS: ____________

SUPERVISOR APPROVAL: ____________________________ DATE: ____________________________

ADMINISTRATIVE CAPTAIN APPROVAL: ____________________________ DATE: ____________________________

DIRECTOR’S APPROVAL: ____________________________ DATE: ____________________________

**PLEASE NOTE THAT ALL LEAVE REQUESTS ARE SUBJECT TO MINIMAL STAFFING. REQUESTS MUST BE MADE 30 DAYS PRIOR TO LEAVE DATE REQUESTED. PLEASE SEE SOP ADMIN 1.1 LEAVE FOR MORE INFORMATION**