Request for Vacation or Extended Sick Leave

Please submit this form to your immediate supervisor at least 2 weeks prior to requested extended leave time. Prior notification to your supervisor is required when you plan to take 2 or more consecutive working days off. Time off for an unanticipated illness, or vacation time of one day or less, does not require supervisor’s prior approval. There may or may not be “black out” dates which apply to your employment position or situation. Please check with your supervisor regarding “black out” dates or needs related to your job.

Name_____________________________________            Date____________________

I am requesting the following days off

__________________________ through ____________________________
(mm/dd/yy)               (mm/dd/yy)  Days =__________  Hrs =_________

__________________________ through ____________________________
(mm/dd/yy)               (mm/dd/yy)  Days =__________  Hrs =_________

__________________________ through ____________________________
(mm/dd/yy)               (mm/dd/yy)  Days =__________  Hrs =_________

TOTAL  DAYS =__________  HRS =__________

Briefly describe reason for leave (i.e. vacation, sick leave, etc.):
____________________________________________________________________
____________________________________________________________________

Employee signature _____________________________________________

Supervisor signature ________________________________     Date ____________

☐ Request approved
☐ Request denied because_________________________________________
____________________________________________________________________
____________________________________________________________________

Director signature __________________________________    Date ____________

The employee shall be furnished with the original signed copy of this form.