



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 _____ Days = _____ Hrs = _____
(mm/dd/yy) (mm/dd/yy)

_____ through _____ Days = _____ Hrs = _____
(mm/dd/yy) (mm/dd/yy)

_____ through _____ Days = _____ Hrs = _____
(mm/dd/yy) (mm/dd/yy)

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 _____