

LEAVE REQUEST FORM

2600 Nutwood Ave. Suite 275, Fullerton CA 92831-3137

In order to process your request correctly please:

1. Type or print
2. Mark the hours, dates, and type of leave requested.
3. Obtain supervisor's approval.
4. After supervisor's approval, return to Payroll.

NAME:

DATE:

TYPE OF LEAVE REQUESTED:

- | | |
|--|--|
| <input type="checkbox"/> Vacation (VC) | <input type="checkbox"/> Leave Without Pay (LWP) |
| <input type="checkbox"/> Sick (SK)* | <input type="checkbox"/> Personal Leave of Absence |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Compensated Time Off (CU) | |

*For sick leave of three (3) or more days please attach a doctor's note.

OF HOURS REQUESTED

START DATE OF LEAVE :

END DATE OF LEAVE:

- | | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

FOR LEAVE OF FIVE (5) DAYS OR MORE, GIVE REASON (S) FOR REQUEST (OPTIONAL) :

EMPLOYEE SIGNATURE

SUPERVISOR/DIRECTOR APPROVAL

DATE
