



Sick/Personal Leave Request Form

Requests should be received by the Human Resources Manager two weeks before the next payroll.

Employee Information

Name	Date
Title	
Current number of leave hours:	Sick Leave _____ Personal Leave _____
Number of hours requested:	<input type="checkbox"/> Sick Leave _____ <input type="checkbox"/> Personal Leave _____
Reason for request:	
Dates requested:	

I understand I must use any remaining leave down to a zero balance. I also understand that I may receive no more than 240 hours within a rolling 12-month period.

Employee Signature _____ Date _____

Supervisor Approval

Name	Title	Date
Signature		
Human Resources Manager:		Date
Signature		
Executive Director:		Date
Signature		

Additional comments/concerns:

☐ Approved on _____ Initial _____

☐ Denied on _____ Initial _____