

PROFESSIONAL LEAVE REQUEST

_____ 700# _____
Name

Title

I request:

_____ working day(s) annual leave with pay for the period _____

_____ working day(s) annual leave with pay for the period _____

_____ working day(s) annual leave without pay for the period _____

_____ working day(s) sick leave with pay for the period _____

Has this sick leave been designated as FMLA? _____ (yes or no)

_____ other (specify _____)

Employee Signature

Date

Supervisor Signature

Date

President Signature (if requesting unpaid leave)

Date

Comments:

This form is to be completed and approved **prior** to annual leave. If sick leave is taken, complete form as soon as possible after returning to work. If actual annual leave differs from the above dates, this information is to be communicated to your supervisor in writing at the earliest practical time.

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