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.

SEND ORIGINAL TO HUMAN RESOURCES