

Leave Request Form

Name: _____ Basis ID: _____

Date(s): _____

Time Out/Time In: _____ Time In/Time Out: _____ = Total Hours: _____

V—Vacation _____ S—Sick _____ F—Family Sick _____ G—Funeral _____

Other: _____

Employee Signature: _____ Date: _____

Approved Status: _____ Reason If No: _____

Supervisor signature: _____ Date: _____

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