



REQUEST FOR:

LEAVE OF ABSENCE VACATION OTHER

TODAY'S DATE: _____

EMPLOYEE NAME: _____

OFFICE: _____

HIRE DATE: _____

REASON FOR REQUEST: _____

TIME ACCRUED: (VACATION ONLY): _____
(To be Completed by Human Resources)

DATES DESIRED – FROM: _____ TO: _____
(If Leave of Absence or Sick Leave, give approximate dates; If Vacation, give exact dates.)

APPROVED: _____ DATE: _____
(Office Manager or Department Supervisor)

RECEIVED: _____ DATE: _____
(Human Resources Department)

APPROVED: _____ DATE: _____
(Adriana Fregoso OR Leon Fregoso)

SIGNATURE: _____ DATE: _____
(Employee)

COMMENTS: _____

NOTE TO EMPLOYEE: VACATION REQUETS WILL BE APPROVED BASED ON SENIORITY.
