

**ALL PURPOSE LEAVE REQUEST**

APL \_\_\_\_\_  
(Balance before time off)

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Department** \_\_\_\_\_

**Date of Request** \_\_\_\_\_

**Please indicate date(s) and number of hours requested**

	<b>Date</b>	<b>Hours</b>		<b>Date</b>	<b>Hours</b>
<b>Monday</b>	_____	_____	<b>Thursday</b>	_____	_____
<b>Tuesday</b>	_____	_____	<b>Friday</b>	_____	_____
<b>Wednesday</b>	_____	_____			

**Please use one form per calendar week**

**Supervisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_