

# PAID LEAVE REQUEST

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

Department \_\_\_\_\_

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

Please indicate date(s), type of leave, and hours requested

	Date	EST Hours	PTO Hours		Date	EST Hours	PTO Hours
Monday	_____	_____	_____	Thursday	_____	_____	_____
Tuesday	_____	_____	_____	Friday	_____	_____	_____
Wednesday	_____	_____	_____				

Please use one form per calendar week

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

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