

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
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____

	Date	EST Hours	PTO Hours
Thursday	_____	_____	_____
Friday	_____	_____	_____

Please use one form per calendar week

Supervisor's Signature _____ Date _____

PAID LEAVE REQUEST

Last Name _____ First Name _____

Department _____

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Supervisor's Signature _____ Date _____