## **PAID LEAVE REQUEST**

Last Name	First Name						
Department							
Date of Reques	st						
Please indicate	e date(s), ty	/pe of leave, a	ınd hours requ	uested			
	Date	EST Hours	PTO Hours		Date	EST Hours	PTO Hours
Monday							
Tuesday							
Wednesday				Friday			
Please use one	e form per o	calendar weel	<b>(</b>				
Supervisor's Signature						Date _	
		PAID	LEAVE RI	EQUEST			
Last Name	First Name						
Department							
Date of Reques	st .						
Please indicate	e date(s), ty	/pe of leave, a	and hours requ	uested			
	Date	EST Hours	PTO Hours		Date	EST Hours	PTO Hours
Monday							
Tuesday							
Wednesday				Friday			
Discourse	form por	a landar waal					
Please use one	e ioriii per c	calellual week	•				