



LEAVE REQUEST

Please fill out request and place in Mr. Bacchus' mailbox.

Name: _____ Today's Date: _____

Day(s) requested off: _____

Sub preference: _____

Your sub will be: _____ Phone #: _____

Hourly Employee Time-Off Request

Employee Name: _____ Today's Date: _____

Days Requested off: _____

Sick _____ Floating Holiday _____

Vacation Day _____ Benevolence _____

Time-Off Request-(For an Appointment)

Date of Appointment: _____

I request to leave at _____ return by _____

I will plan to return: ___ Yes ___ No

Signature: _____

Date Approved: _____