

Request for Leave Approval	
Employee Name:	
Department/Office:	
Date Completed:	
I request approval for use of the following leave: DATE/S	
Annual Leave	
Partial day on annual leave (# of hours to be used)	
Unscheduled Holiday(s)*	
*Must be used by August 31st of each year	
I have sufficient leave balances to cover the hor	ur(s)/day(s) requested.
Signature of Employee requesting leave:	
Approved:	Not Approved:
Signature of Immediate Supervisor:	Date: