

# REQUEST FOR LEAVE

1. I am requesting that I be granted the following type of leave (circle one):

- |                       |                        |
|-----------------------|------------------------|
| Annual Vacation Leave | Administrative Leave   |
| Leave of Absence      | Compensatory Leave     |
| Personal Leave        | Sick / Emergency Leave |
| FMLA Leave            |                        |

2. Requested Leave Dates:

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3. During leave, I can be reached at the following phone number(s):

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Employee Name	ACTS Program	Employee Signature	Date
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(For Office Use Only)

Approved / Disapproved (circle one)

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Program Director Signature

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Date