



CLASSIFIED LEAVE REQUEST FORM

Employee Name _____

Leave Date(s) _____

Leave Request for the reason(s) checked below:

- | | |
|---|--|
| <input type="checkbox"/> Compensatory Time | <input type="checkbox"/> Personal Necessity Leave |
| <input type="checkbox"/> Jury Duty Leave | <input type="checkbox"/> Release for CSEA Business |
| <input type="checkbox"/> Maternity/Paternity Leave | <input type="checkbox"/> Sick Leave |
| <input type="checkbox"/> Military Leave | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Bereavement Leave | |
| <input type="checkbox"/> Friend <input type="checkbox"/> Relative | |

If relative, please list relationship to self _____

Services are local Services are over 300 miles away

Other - Please explain _____

Comments: _____

Employee Signature

Date

Substitute Required: Yes No Time Frame: AM PM Full Day

Approved **Not Approved**

Comments: _____

Supervisor Signature

Date

Office use only

AESOP