Employee Name

Leave Date(s)

Leave Request for the reason(s) checked below:

☐ Compensatory Time     ☐ Personal Necessity Leave
☐ Jury Duty Leave     ☐ Release for CSEA Business
☐ Maternity/Paternity Leave     ☐ Sick Leave
☐ Military Leave     ☐ Vacation
☐ Bereavement Leave
   ☐ Friend    ☐ 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

Copy to: Employee / Payroll / Supervisor

Revised 1/10/17 fg