

Name: _____

I request: _____

As (Please Circle): Vacation Sick Day(s) Off

For full-time staff- Number of Current Leave Days:

____ Vacation ____ Sick ____ None

Signature: _____ Date Submitted: _____

Acknowledged By:

Coworkers in Room (Please have your coworkers sign off to acknowledge your request):

Stephanie: _____

Approved: _____

Once your request has been approved, this form will be returned to you. Please attach this form to the appropriate time sheet.