Request for Leave by Manager/Principal/Supervisor

Date of request: _____

Name of Employee: _____

Date of leave: Start Date: _____
End Date: _____

Time of leave: Start Time: _____
End Time: _____

Type of leave: Personal _____ Sick _____
(Check one) Comp time _____ Vacation _____

_____
Signature of Employee (if possible)

_____
Signature of Manager/Principal/Supervisor