



REQUEST FOR LEAVE

NAME: _____ DATE: _____

REQUESTED LEAVE DATE(S): _____

REQUEST FOR LEAVE:

(Please review your SDS Employee Portal to verify you have the requested time available)

SICK LEAVE

- Full Day(s): _____
- Hour(s): _____ (one hour units)
- Time: _____

VACATION

- Full Day(s): _____
- Hour(s): _____ (one hour units)
- Time: _____

PERSONAL LEAVE

- Full Day(s): _____
- Hour(s): _____ (one hour units)
- Time: _____

COURT DUTY

- Full Day(s): _____
- Hour(s): _____ (one hour units)
- Time: _____
- Notice of Duty Attached

CALENDAR CHANGE

Rationale: _____

BEREAVEMENT LEAVE

- Full Day(s): _____
- Hour(s): _____ (one hour units)
- Time: _____
- Obituary Attached

Substitute needed for this request? YES NO

EMPLOYEE SIGNATURE/DATE

SUPERVISOR SIGNATURE/DATE

DIRECTOR USE:

_____ Approved _____ Disapproved

SIGNATURE/DATE

PAYROLL USE:

ENTERED IN SDS: _____

SIGNATURE