COUNTRY • HILLS
EYE • CENTER

REQUEST FOR LEAVE

Today's Date: _____

Employee Name: _____ Badge # _____

Dates requested for leave: From _____ Thru _____

Requested number of leave hours: _____ Date back to work: _____

Type of Leave (circle one): Sick Personal Bereavement
Vacation Non-paid
Other: _____

Reason for requested leave: _____

_____

"I understand that the above non-worked hours request is subject to Management approval."

Employee Signature: _____ Date: _____

Management Approval: _____ Date: _____

- -

Employee's Copy

Employee: _____ Date(s) of Leave: _____

Approved **Not Approved**

Comments: _____

Manager Initials: _____

Implemented July 1998
Revised March 2001