

**LEAVE REQUEST FORM
LIBRARY**

I request permission to be absent from work at the times indicated below and for the reason(s) indicated:

DATES:

Starting Date: _____ check one: am _____ pm _____

Ending Date: _____ check one: am _____ pm _____

Total Days of Leave Requested: _____
(Note ½ days where appropriate)

REASON: (Check One)

_____ Vacation

_____ Sick Leave (personal)

_____ Sick Leave (family)

_____ Professional Conference or Workshop

Names/Description of Conference/Workshop _____

_____ Military Leave

_____ Personal Day

_____ Compensatory Time Off

_____ Other (please explain) _____

SPECIAL CIRCUMSTANCES (Please Explain) _____

Employee Signature

Date

Immediate Supervisor

Date

Library Director

Date