LEAVE APPLICATION

Instructions: Employee is to complete form and submit to immediate supervisor for consideration.

Date Submitted:_____

1. Name: _____   _____
   Print (Last   First   Middle Initial)   Employee #

2. Contract: _____

3. I hereby request and provide applicable documentation* for the following:

   PAID LEAVE   **UNPAID LEAVE**

   [ ] Vacation   [ ] Leave without Pay

   [ ] Vacation Payout   [ ] FMLA / Maternity Leave (HR approval)*

   [ ] Personal Days Off (Not paid on all contracts)   [ ] Leave of Absence (HR approval)**

   [ ] Sick Leave (Not paid on all contracts)   [ ] Military Leave*

   [ ] Jury/Bereavement Leave (Not paid on all contracts)*

4. Dates Requested: (If vacation payout, only enter # of hrs requested – no dates)

   From: _____   To: _____

   Total Days:_____   Total Hours:_____

5. Remarks:_____

6. _____   _____
   Employee Signature   Date

7. Remarks:_____

8. _____   [ ] Recommended
   Supervisor Signature   Date   [ ] Not Recommended

MANAGER'S ACTION ON LEAVE

[ ] APPROVED   [ ] DISAPPROVED

REMARKS_____

SIGNATURE_____   DATE _____
          Security Manager

CORPORATE ACTION ON EXTENDED LEAVE (FMLA/LOA, ETC.)
[ ] APPROVED   [ ] DISAPPROVED

REMARKS_____

SIGNATURE_____   DATE_____
          Corporate Official

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