



NAME: _____ PAY PERIOD ENDING: _____

LOCATION: _____ POSITION: _____

LEAVE REQUEST IN ADVANCE

Section A: Complete this section only if requesting the time off in advance.

I would like to take leave on the following dates:

Type of Leave	Date(s)	Time (only for partial days)		Total Hours
		From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I understand that leave is at the convenience of the program and has to have prior supervisor approval.
 Unpaid time **over** 1 but no more than 3 full scheduled days except for low enrollment must have prior approval of department manager.
 Unpaid time of **more** than 3 full scheduled days except for low enrollment must have prior approval of Executive Director.

For Center Staff PTO/Unpaid Requests Only

Please list your substitute's name and work hours.

Employee's signature

Date

Supervisor's signature

Date

Executive Director's prior approval required **only** for requests of unpaid **over** 3 full days

Manager or Exe. Director's signature

Date

ABSENCE REPORT

Section B: Complete this section after taking the time off

Dates of absence(s) (Enter the actual number of hours taken in the appropriate date box):

Reason	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sick																															
PTO																															
FF-PSL-EE																															
Unpaid																															
Catastrophic FMLA/CFRA /PDL																															

NOTE: Catastrophic Leave requires prior approval from the Executive Director for each incident.

To the best of my knowledge and belief the facts stated are accurate and in compliance with legal requirements.

Signature of Employee

Signature of Supervisor

Date