

AME DEPARTMENT
Classified Staff Leave Request

(With the exception of illness or emergency, this form must be approved and on file prior to the leave)

NAME: _____ DATE: _____

DATE(S) OF LEAVE: _____

NUMBER OF DAYS: _____

OR

NUMBER OF HOURS: _____

VACATION

SICK LEAVE

JURY DUTY

LEAVE W/O PAY

FUNERAL LEAVE

OTHER _____

COMMENTS: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

APPROVED

DENIED

REASON FOR DENIAL: _____

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