

RESOURCE, SUPPORT, DEVELOPMENT, INC.
R.S.D., INC.

REQUEST FOR LEAVE OF ABSENCE

EMPLOYEE NAME: _____ WORK SITE: _____

DATES & HOURS YOU ARE SCHEDULED TO WORK, WHICH YOU WILL MISS:

<u>DATE</u>	<u>HOURS</u>	<u>DATE</u>	<u>HOURS</u>
SUNDAY _____	_____	SUNDAY _____	_____
MONDAY _____	_____	MONDAY _____	_____
TUESDAY _____	_____	TUESDAY _____	_____
WEDNESDAY _____	_____	WEDNESDAY _____	_____
THURSDAY _____	_____	THURSDAY _____	_____
FRIDAY _____	_____	FRIDAY _____	_____
SATURDAY _____	_____	SATURDAY _____	_____

PLEASE CHECK WHAT TYPE OF LEAVE TIME YOU WOULD LIKE TO USE:

VACATION _____ SICK _____ HOLIDAY _____ MILITARY _____
LEAVE WITHOUT PAY _____ PERSONAL HOLIDAY _____ JURY DUTY _____
OTHER _____ (explain below)

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

MANAGER SIGNATURE: _____ DATE: _____