

**RESOURCE, SUPPORT & DEVELOPMENT, INC.**  
**REQUEST FOR LEAVE OF ABSENCE**

EMPLOYEE NAME: \_\_\_\_\_

WORK SITE: \_\_\_\_\_

**DATES & HOURS OF ABSENCE REQUESTED:**

	PAY PERIOD WEEK ONE			PAY PERIOD WEEK TWO	
	<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 SELECT THE TYPE OF LEAVE TO USE:**

SICK	_____	JURY DUTY	_____
VACATION	_____	LWOP	_____ requires CEO approval
PERS HOL	_____	MILITARY	_____
BEREAVEMENT	_____ requires CEO approval	OTHER	_____

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MANAGER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_