



REQUEST FOR PERSONAL LEAVE OF ABSENCE
 (Note: This leave is **NOT** approved until signed by the Director and Labor Relations)

Employee's Name: _____
 Department and Badge: _____ MY ID: _____
 Employee Phone Number: _____
 Employee Email Address: _____
 Dates of Requested Leave: _____
 Reason for Leave (be specific, do not say personal business):

Employee's Signature: _____
 Date Signed: _____

This request is to be submitted to your department or Operations Administration at least 5 days prior to the first day of your requested leave.

DO NOT WRITE BELOW THIS LINE.

Anniversary Date: _____
 Available Vacation Hours: _____
 Comments _____

Craft Superintendent Approval

FOR OPERATIONS USE ONLY

Approved Denied

Director's Signature _____

Reason For Denial: _____

Date: _____ Approved Denied

Labor Relations Signature _____

Reason For Denial: _____

