

REQUEST FOR APPROVED ABSENCE AND LEAVE

EMPLOYEES MUST COMPLETE THIS FORM FOR ALL ABSENCES AND LEAVE. Failure to complete this form may result in the absence being charged to leave without pay.

NAME: _____

DATE: _____

I am requesting leave for the period starting: _____
for a total of _____ working days / hours.

Date & Time of Return to Work: _____

Please charge this time of leave to (check one):

- Paid Time Off Leave Without Pay Jury Duty
 Holiday Bereavement
 Other: _____
 Check if the Family & Medical Leave Act applies to this absence

Area Below Completed By SUPERVISOR

Supervisor: _____

- Approved Disapproved
 Planned Absence Unplanned Absence

Dept Director / Nurse Manager's SIGNATURE

DATE

NOTICE TO EMPLOYEE Completed by Director / Nurse Manager

- This is notification that the above absence is designated as leave under the D.C. or Federal Family and Medical Leave Act
 Please make an appointment to discuss this with me.

REQUEST FOR APPROVED ABSENCE AND LEAVE

EMPLOYEES MUST COMPLETE THIS FORM FOR ALL ABSENCES AND LEAVE. Failure to complete this form may result in the absence being charged to leave without pay.

NAME: _____

DATE: _____

I am requesting leave for the period starting: _____
for a total of _____ working days / hours.

Date & Time of Return to Work: _____

Please charge this time of leave to (check one):

- Paid Time Off Leave Without Pay Jury Duty
 Holiday Bereavement
 Other: _____
 Check if the Family & Medical Leave Act applies to this absence

Area Below Completed By SUPERVISOR

Supervisor: _____

- Approved Disapproved
 Planned Absence Unplanned Absence

Dept Director / Nurse Manager's SIGNATURE

DATE

NOTICE TO EMPLOYEE Completed by Director / Nurse Manager

- This is notification that the above absence is designated as leave under the D.C. or Federal Family and Medical Leave Act
 Please make an appointment to discuss this with me.