

COMMUNITY CONNECTIONS LEAVE REQUEST

A minimum of 2 weeks notice is required when requesting time off.

Name:

Date:

Dates Requested Off: Begin:

End:

Date Returning to Office:

Purpose:

Please provide initials of all customers you work with:

If less than two weeks notice, is this an emergency? Yes No

Explain:

Is leave +3 days and medical in nature? Yes No **If yes, see Payroll Manager to obtain additional forms**

Employee Signature _____ Date _____

Lead Supervisor _____ Date _____

Other Supervisor _____ Date _____

Office Use Only

Paid leave hours needed: _____

Available balance at time of request: _____

Paid leave hours borrowed: _____

Note:

Routing: Original - Immediately to Payroll Coordinator
Copy – To Employee by Payroll