

**COMMUNITY CONNECTIONS**  
**LEAVE REQUEST *(for dates after 10/1/2021)***

*An employee's supervisor or HR personnel may fill out this form on an employee's behalf*

Name:

Date:

Name of person filling out this form:

Dates Requested Off: Begin:

End (if known):

Date Returning to Work (if known):

**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 HR personnel to obtain additional forms\**

*If any of the staff below are not available to sign in person, please note verbal or email okay and date.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Lead Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Leave approved: Yes  No  If no, please explain:

If the staff will not have enough paid leave to cover request, have they been notified? Yes  No  N/A

**Office Use Only**

Notes:

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**Routing:**

Original – Immediately to HR

Copy – To employee