



# FACILITIES MANAGEMENT

## ANNUAL LEAVE, SICK LEAVE AND OTHER LEAVE REQUEST

CWID _____	DEPARTMENT _____
EMPLOYEE'S NAME _____	SUPERVISOR _____

<input type="checkbox"/> Annual Leave	<input type="checkbox"/> Leave Without Pay	<input type="checkbox"/> Military Leave	<input type="checkbox"/> Other
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Funeral Leave	<input type="checkbox"/> FMLA Leave	Specify: _____

**DATES REQUESTED:** from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ **TOTAL HOURS REQUESTED:** \_\_\_\_\_

**TIME REQUESTED** from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ **TOTAL HOURS REQUESTED:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Supervisor/Mgr Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED _____
<b>Notes:</b>	



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**Employee's Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Supervisor/Mgr Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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