PERSONNEL POLICY

ATTACHMENT 5

NEMO WORKFORCE DEVELOPMENT BOARD

**REQUEST FOR LEAVE**

|  |  |
| --- | --- |
| NAME:  | DATE:  |

**TYPE OF LEAVE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Beginning** **Date:** | **Ending** **Date:** | **# of Hours** | **Type of Leave** |
|  |  |  | **Annual Leave (Vacation)** |
|  |  |  | **Sick Leave (Personal)** |
|  |  |  | **Sick Leave (Family: (Relationship)** Click or tap here to enter text. |
|  |  |  | **Other Leave with Pay (check appropriate box below)** |
|  |  |  | [ ]  **Jury Duty** |
|  |  |  | [ ]  **Voting** |
|  |  |  | [ ]  **Funeral (Relationship:** Click or tap here to enter text. |
|  |  |  | [ ]  **Blood Donations** |
|  |  |  | [ ]  **Other (explanation required)** Click or tap here to enter text. |
|  |  |  | **Leave without Pay** |
| **TOTAL HOURS OF LEAVE REQUESTED** |  |  |

|  |  |
| --- | --- |
| Signature of Employee |  |
| Signature of Supervisor |  |
| Signature of Executive Director |  |

**ACTUAL LEAVE**

|  |  |
| --- | --- |
| Start Date : Time:  |  Ending Date: Time:  |

|  |  |  |  |
| --- | --- | --- | --- |
| Data Recorded By: |  |  |  |
|  | Fiscal Officer | Date |

Rev. 07.15.17