

LAKE AREA RECOVERY CENTER LEAVE REQUEST

Applicable Requested Leave	
<p>Vacation <input type="checkbox"/> Hours</p> <p>Check one:</p> <p><input type="checkbox"/> Vacation</p> <p><input type="checkbox"/> Family sickness</p> <p><input type="checkbox"/> Weather</p> <p><input type="checkbox"/> Leave of absence</p>	<p>Sick Leave <input type="checkbox"/> Hours</p> <p>Check one:</p> <p><input type="checkbox"/> Illness</p> <p><input type="checkbox"/> Medical appointment</p> <p><input type="checkbox"/> Accident</p> <p><input type="checkbox"/> Child illness</p> <p><input type="checkbox"/> Surgery/hospital</p> <p><input type="checkbox"/> Maternity</p>
<p>Other :</p> <p>Personal <input type="checkbox"/> Hours</p> <p>Other <input type="checkbox"/> Hours</p> <p>Specify: _____</p>	
<p>Dates of leave:</p>	<p>Time: From: To:</p>
<p>Total absence: <input type="checkbox"/> Days and/or <input type="checkbox"/> Hours</p>	<p>Comments:</p>
<p>Employee Signature:</p>	<p>Date: / /</p>

Authorization			
Supervisor:	Date: / /	Executive Director:	Date: / /

Sick Leave Depletion Authorization

I authorize the Payroll Department to apply accrued vacation time to cover sick leave taken over and above sick leave accrued.

Employee Signature:

Date: / /