



LEAVE REQUEST

CAPDAU

NELSON

LAKE

NETWORK

EMPLOYEE NAME: _____

I request _____ hours of

- SICK JURY DUTY UNPAID LEAVE FMLA
 PTO VACATION BEREAVEMENT PD
 OTHER _____

FROM ____/____/____ to ____/____/____

NOTES: _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Payroll Manager's Signature: _____ Date: _____