McINTOSH TRAIL MH/DD/AD COMMUNITY SERVICE BOARD
LEAVE REQUEST FORM

Employee Name_______________________________________**Date**_______________
Work Site____

	DATE	TYPE OF LEAVE	HOURS REQUESTED
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Checklist: ___All required work completed
___Arrangements made with peers impacted by leave
___Appointments, if applicable, cancelled/rescheduled/covered
___Scheduler updated
___Coverage (if need arises) assigned to___________________________
Staff Name

☐**Approved as requested** ☐**Approved with following conditions**_______________
____
____

☐**Disapproved for following reasons**____
____
____

____ ______________________
Signature of Employee **Date**

____ ______________________
Signature of Supervisor **Date**

*****If employee is on leave for longer than 2 weeks, please notify Personnel in writing*****

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LEAVE IS A PRIVILEDGE AND SHOULD NOT BE TAKEN WITHOUT PRIOR APPROVAL

Types of leave available include; annual, sick, personal, military, judicial, and leave without pay. All leave is to be taken in 15 minute increments. Any leave taken must be approved by appropriate supervisor in order to ensure there are no conflicts with other staff leave and to ensure sufficient coverage. No leave will be recorded on the official leave record without the supervisor's signature. Leave for one hour or less does not have to be requested using this form unless directed by supervisor.

Leave requests should be completed weekly.
No two weeks or months should be combined on one form.

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