

Washita Valley Community Action Council

Authorization for Leave

Employee Name: _____

I request to take _____ hours of leave.

Beginning Date: _____ Ending Date: _____

Leave is for the following purposes:

Remarks:

_____ Annual Leave

_____ Sick Leave

_____ Designated Part Year Leave

_____ Funeral Leave: Relation to Deceased: _____

_____ Other Leave: Explain: _____

_____ Leave Without Pay: Explain: _____

Employee Signature

Date

Center Director Signature

Date

Approved: _____ Disapproved: _____

HS/EHS Assistant Director Signature

Date

Approved: _____ Disapproved: _____

Executive Director Signature

Date

Approved: _____ Disapproved: _____

Finance Office

Payroll Initials: _____ Leave Available: AL _____ SL _____

Date returned to Center Director: _____

***Employees are not permitted to take requested leave until all parties have approved and form is returned to employee.**