

CENTRAL BAPTIST CHURCH
EMPLOYEE LEAVE REQUEST FORM

Name: _____

Date: _____

TYPE OF LEAVE REQUESTING:

Vacation

Jury Duty

Illness

Leave W/O Pay

Personal

Other

Death

Administrative

I am requesting to be off from work on the following dates:

From: _____

To: _____

Return On: _____

Hours Requested: _____

Employee Signature: _____

Approved: Yes

No

Supervisor's Signature: _____

Date: _____

COMMENTS:

