ADMINISTRATIVE FORM

REQUEST AND APPROVAL FOR LEAVE

Name: ________________________________________ Date: ___________________

Library Director will provide the Library Board with at least two weeks advance notice of
vacation leave. Library Staff will provide at least two weeks advance notice to the
Library Director. Requests for sick leave should be filled out upon returning to work.

LEAVE BEGINNING: Date: ________________  Time: __________

LEAVE ENDING: Date: ________________  Time: __________

_____ Sick Leave

_____ Vacation

_____ Holiday

_____ Other

TOTAL HOURS REQUESTED: ______________

A note from a doctor is required if sick leave is greater than three (3) days.

Employee Signature: ________________________  Date: ________________

Director’s Signature: ________________________ Date: ________________

(For Director’s Leave) Board Signature: ______________________________

Date: __________________

Effective: 3/11/2005

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