

Community Connection of Northeast Oregon, Inc.

Employee Leave Request

NAME: _____ JOB SITE: _____

DATE OF REQUEST: Beginning Date: _____ Time: _____

DATE OF REQUEST: Ending Date: _____ Time: _____

TYPE OF LEAVE AND NUMBER OF HOURS:

Vacation _____ Number of Hours _____

Sick Leave _____ Number of Hours _____

Family Leave _____ Number of Hours _____

Other Leave (please explain)

Total Hours Requested: _____

Employee Signature

Date

Supervisors Signature

Date

Executive Director Signature

Date