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 purpose: **Remarks**

____ Annual Leave

____ Sick Leave

____ Public School Leave

____ Funeral Leave: Relationship to Deceased:_____

____ Leave without Pay

_____ _____
Employee Signature Date

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Approved_____ **Disapproved_____**

_____ _____
Program Director Signature Date

Approved_____ **Disapproved_____**

_____ _____
Executive Director Signature Date **Rev. 5/10**