

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    \_\_\_\_\_ Relative

\_\_\_\_\_ Other Leave (Explain: \_\_\_\_\_)

\_\_\_\_\_ Leave Without Pay(Explain: \_\_\_\_\_)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date