

**LEAVE APPLICATION FORM**

Center \_\_\_\_\_ Main \_\_\_\_\_ Sanborn \_\_\_\_\_ Lawler \_\_\_\_\_  
908 S. Sanborn \_\_\_\_\_ Monitored Apts \_\_\_\_\_ Hrabe Apts \_\_\_\_\_  
CAP Center \_\_\_\_\_ Beebe St \_\_\_\_\_

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**DATE REQUESTED OFF**

Vacation	Personal	Sick	Holiday	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total _____	Total _____	Total _____	Total _____	Total _____

Holiday used: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_