

VACATION/SICK LEAVE FORM – CSEA ONLY

Name: _____

Building/Department: _____

Date: _____

Position/Job: _____

I am requesting (paid) VACATION for the following date(s):

Signature of Applicant

Your request for VACATION has been approved/denied.

Immediate Supervisor: _____ Date _____
(Signature)

I am requesting LEAVE as follows:

1) **MEDICAL** (from paid Sick Leave): Date (s) _____
Reason(s): _____

2) **SERIOUS FAMILY ILLNESS OR BEREAVEMENT** (paid): Family Member _____
Date(s): _____ Reason(s): _____
Physician's Name: _____

3) **JURY DUTY** (paid): Date(s): _____

4) **UNPAID LEAVE**: Date(s): _____
Reason(s): _____

Your request for LEAVE is approved/denied.

Signature of Applicant

Immediate Supervisor: _____ Date _____
(Signature)

Your request for VACATION/LEAVE is approved/denied.

Ass't Supt. For Administrative Services: _____ Date _____
(Signature)

NOTE: For EMERGENCY AND SPECIAL PURPOSE DAYS (PAID), please use "Emergency and Special Purpose Days" Form COPER001.

Original - Personnel Services Copy 1 – File Copy 2 - Staff Member
Submit all copies to your immediate supervisor