

Council for the Spanish Speaking, Inc.

614 West National Avenue, Milwaukee, WI 53204

(414) 384-3700 (Administrative Offices)

LEAVE REQUEST

Date of Request: _____

I, _____ from the _____
program request the following leave (per personnel policies):

- ____ Vacation
- ____ Personal Day
- ____ Sick leave for doctor's appointment (advance notice)
- ____ Funeral
- ____ Jury Duty (attach verification)
- ____ Extended Medical Leave
- ____ Extended Personal Leave
- ____ Extended Military Leave
- ____ Leave Without Pay
- ____ Educational Leave (explain): _____
- ____ Other (explain): _____

This leave will begin on _____ at _____ am/pm
day date time

I will return to work on _____ at _____ am/pm
day date time

Total hours or working days off: _____

Your immediate supervisor must approve all leave requests. In the absence of the immediate supervisor, the President will approve this request.

APPROVED: _____
Signature Title Date

DENIED: _____
Signature Title Date

Reason: _____