

Marsing Ambulance

Request for Leave of Absence

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR SUPERVISOR TO REQUEST A LEAVE OF ABSENCE

EMPLOYEE INFORMATION

Employee Name (First, Last, Middle Initial)

Home Address

City

State

Zip

Job Title

Telephone Number

HOME CELL

REQUEST INFORMATION

This is a new request.

This is an update to an existing request.

REASON for REQUEST: Please give specifics

Period of time requested:

REQUEST RESULTS

Request is approved by Administrator:

Request is approved by Board:

Conditions:

Request denied by Administrator:

Request denied by Board:

Explanation:

Employee signature: _____

Date: _____

Administrator signature: _____

Date: _____

President signature: _____

Date: _____