

SAN LUIS VALLEY COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTER

REQUEST FOR LEAVE

PLEASE CHECK ONE: New Request Amendment

Employee's Name : _____ **Date:** _____

Type of Leave Requested	Beginning Date	Date Returning to work	No. of working days/hrs requested
Annual Leave			
Sick Leave -			
Other: Specify			

In the event of an emergency during my absence, I can be contacted at, by or through:

Name: _____ **Phone Number:** _____

Address: _____ **City/State:** _____

Signature of Employee Requesting Leave: _____

Leave approved by : _____
Supervisor
Date