KINGS COMMUNITY ACTION ORGANIZATION
REQUEST FOR LEAVE

EMPLOYEE _____ **DEPARTMENT** _____
Print Name

I am requesting leave from:

Day	Date	Time AM PM	to Day	Date	Time AM PM	Total Hours

Type of Leave Requested

☐ **Vacation** Current Vacation Balance _____ (See your last pay check stub for balance)
Prior approval required; minimum of four hours; not to exceed accrued vacation hours.

☐ **Sick Time** Current Sick Time Balance _____ (See your last pay check stub for balance)
Employee's illness or injury or to care for child; medical or dental appointments; not to exceed accrued hours.

☐ **Bereavement** Deceased _____ Relationship _____
Death of spouse, child, parent, grandparent or grandchild, sibling, or guardian; prior approval required.

☐ **Jury Duty**
Inform supervisor upon receipt of notice; must reimburse KCAO for jury pay received from Court; 10 days max.

☐ **School Activity**
*Employee must be **custodial** parent, guardian or grandparent; reasonable notice; can use vacation pay.*
☐ Paid Current Vacation Balance _____ (See your last pay check stub for balance)
☐ Unpaid

☐ **Other - *Specify*** _____

☐ **Leave Without Pay**

This form must be attached to time sheet before you are paid for any leave.

COMMENTS _____

I hereby certify that the information I have provided is complete and true to the best of my knowledge.

_____ _____
Employee Signature Date

Administration Use Only
☐ Approved Substitute Needed ☐ Yes-Number of Hours _____
☐ Denied ☐ No

Signatures:

_____ _____ _____ _____
Supervisor Date Program Director Date

10/29/2007