



## Leave Form

APPLICATION FOR LEAVE					
Name:		Position:			
Please indicate Type of Leave applied for:					
Sick Leave Paid	Sick Leave Unpaid	Offsite Training	Medical/Dental Appointment	Personal	Other:
# of Days/Hours applied for:					
1.	From:		To:		
2.	From:		To:		
3.	From:		To:		
			Approved by Supervisor:		
Signature:		Signature:			
Date:		Date:			