LEAVE REQUEST

Employee: _____

Date Submitted: _____

I REQUEST LEAVE FOR THE FOLLOWING DATES:
(only actual work days requested off)

From _____/_____/_____   To _____/_____/_____

Total Day's Requested: _____

DAYS OF WEEK ABSENT:

___Sun ___Mon ___Tues ___Wed ___Thur ___Fri ___Sat

___Sun ___Mon ___Tues ___Wed ___Thur ___Fri ___Sat

REASON FOR LEAVE:

___ Vacation   ___ Conference   ____ Missions   ____ Personal

___ Sick Leave   ___ Funeral   ___ Revival

EXPLANATION:

Total Leave Days for Year: ____ Total Sundays For Year _____

Total Leave Days Remaining: ____ Total Sundays Remaining: _____

Employee Signature: _____ Date _____/_____/_____

Supervisor Signature: _____ Date _____/_____/_____

Leave Denied _____   Comments: _____

Choctaw Road Baptist Church
14971 E Reno Ave. Choctaw, OK 73020

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