

ENRICH PERSONAL CARE SERVICES, LLC.

REQUEST FOR LEAVE

() AMINISTRATION () DSW

TO: _____ Personnel Director _____ Date

FROM: _____ Employee (Print Name) _____ Job Title

TYPE OF LEAVE REQUESTED

- VACATION SICK COMPENSATORY
 PERSONAL SUSPENSION JURY DUTY
 OTHER: WORKERS' COMP.
 BEREAVEMENT _____

REQUESTED BY: _____

DATE: _____

EFFECTIVE DATE OF LEAVE: _____ AM
_____ PM

DATE LEAVE TERMINATES: _____ AM
_____ PM

TOTAL HOURS TAKEN: _____

LEAVE REQUEST IS: APPROVED DENIED

LEAVE IS TO BE: PAID UNPAID

Is paid leave counted against vacation days: No Yes

APPROVED: _____ DATE: _____

Personnel Director