ABC-4-11-1
Revised 1/2010

Application for Leave

ABC BOARD

Employee Name: _____ Division: _____

TYPE LEAVE REQUESTED

☐ Personal Day ☐ Annual ☐ Sick
☐ Jury ☐ Holiday ☐ Comp

District: _____ Store: _____

For purposes of FMLA, employee must state reason for sick leave:

Leave Begin: _____ Time: _____ ☐ AM ☐ PM

Leave End: _____ Time: _____ ☐ AM ☐ PM Total Time Used:

Employee must print this form, sign below and submit to the supervisor for approval.

Print Form

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Approved: ☐ Yes ☐ No

If disapproved, state reason:

Does this leave qualify as FMLA Leave? ☐ Yes ☐ No

If yes, or uncertain, the immediate supervisor must contact the ABC Personnel office immediately?