

ECONOMIC SECURITY CORPORATION OF SOUTHWEST AREA

Date Submitted: _____

Name _____

(Print Name)

I hereby request that I be granted absence on the following dates: _____

_____ No. of days: _____

Vacation

Bereavement Leave

Sick Leave

Day of Choice

Leave of Absence

Other _____

Unexcused Absence

Approved: ()

Employee's Signature

Accrued Leave:

Approved: ()

Supervisor's Signature

Human Resource Director's Signature