

EDUCATIONAL LEAVE REQUEST

EMPLOYEE'S NAME: _____ DATE OF REQUEST: _____

DEPARTMENT: _____ POSITION: _____

INSTRUCTIONS:

Please insert dates in the proper place on calendar, and codes as follows:

- D - DAY OFF
- EL - EDUCATIONAL LEAVE
- R - RETURN TO WORK

Please fill out completely:

Total hours used to date (including this request): _____

Balance due for current year: _____

S	M	T	W	TH	F	SA
January						

S	M	T	W	TH	F	SA
February						

S	M	T	W	TH	F	SA
March						

S	M	T	W	TH	F	SA
April						

S	M	T	W	TH	F	SA
May						

S	M	T	W	TH	F	SA
June						

S	M	T	W	TH	F	SA
July						

S	M	T	W	TH	F	SA
August						

S	M	T	W	TH	F	SA
September						

S	M	T	W	TH	F	SA
October						

S	M	T	W	TH	F	SA
November						

S	M	T	W	TH	F	SA
December						

COMMENTS: _____

TITLE OF PROGRAM: _____

PRESENTED BY: _____ TIME: _____

LOCATION: _____

SIGNED: _____ EMPLOYEE APPROVED: _____ DATE: _____

NOT APPROVED: _____ REASON _____