

**OPERATION THRESHOLD, INC.**

**LEAVE REQUEST FORM**

(This form is to be used in accordance with Operation Threshold Personnel Policies)

EMPLOYEE NAME \_\_\_\_\_

POSITION \_\_\_\_\_

I request time from work as follows, which will be charged against my available leave hours:

<b>TYPE OF LEAVE REQUESTED</b>	<b>DATES REQUESTED</b>	<b>HOURS REQUESTED</b>	<b>HOURS APPROVED</b>
ANNUAL LEAVE	_____	_____	_____
SICK LEAVE (Self)	_____	_____	_____
SICK LEAVE (Spouse/Child)	_____	_____	_____
FLOATING HOLIDAY	_____	_____	_____
EMERGENCY LEAVE	_____	_____	_____
LEAVE WITHOUT PAY	_____	_____	_____
ADMINISTRATIVE LEAVE	_____	_____	_____
OTHER	_____	_____	_____

**I understand that approval of this time off does not guarantee it will be paid time. If my accrued leave balance is less than the amount of time requested, the time taken off will be unpaid.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Denied

Approved

Department Director \_\_\_\_\_ Date \_\_\_\_\_

Denied

Approved

Executive Director \_\_\_\_\_ Date \_\_\_\_\_

Denied

Additional Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_