

# Cape Cod Collaborative

## Request for Leave

### Absence Information

Employee

Name:

Position

Department

Type of Absence Requested:

Sick

Personal Day

Bereavement

Time Off Without Pay

Military

Jury Duty (attach  
summons)

Maternity/Paternity

Dates of Absence:

Reason for Absence:

Note: Each leave on this form is explained in the Employee Handbook. Prior to making this leave request, employees should review the Employee Handbook to ensure the request is consistent with the handbook and that the form is completed properly. If you have any questions concerning your eligibility for a specific type of leave, please contact the Executive Director.

Employee Signature

Date

### Manager Approval

Approved

Rejected

Comments:

Manager Signature

Date