

Cape Cod Collaborative

Request for Leave

Absence Information

Employee Name: _____ Position _____

Department _____

Type of Absence Requested:

- Personal Day Bereavement Leave Without Pay Jury Duty
- Sick/Medical (self) Family Medical Military Duty (attach orders) Other (Explain Below)

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*

Approval

- Approved
- Rejected

Comments:

Signature/Title *Date*