

Cape Cod Collaborative

Request for Leave 2025

Absence Information

Employee

Name: _____

Department _____

Type of Absence Requested:

- Sick/Family Med Sick Vacation Bereavement
 Military (attach orders) Jury Duty (attach notice) Personal Day Leave without Pay

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