UMATILLA MORROW COUNTY HEAD START, INC.
REQUEST FOR LEAVE

Name _____ Date _____

Date(s) Requested _____ # of Hours _____

Type of Leave (if less than your working day please write in time off job; example: 1:30 pm - 2:30 pm):

_____ Annual _____ Floating _____ Jury
_____ Sick _____ Military _____ Bereavement
_____ Family Medical
_____ Other (Explain) _____

Reason for Absence _____

_____

Your Signature _____
This form should be completed and signed by appropriate supervisors at least 2 weeks prior to date requested.

Approved☐ Denied☐ Date _____

Reason _____

_____ _____ _____
Supervisor/Team Leader Component Director Executive Director/If Applicable

Original (white) - Human Resources Copy (yellow) – Employee Copy (pink) - Supervisor

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