



Grace Christian Academy of Maryland Leave Request Form • 2010 - 2011

LEAVE INFORMATION

Employee Name:

Today's Date:

Type of Leave:

Total Hours:

Leave Date(s):

Leave Time(s) if Partial Day:

Reason for Absence:

Comments:

You must submit leave requests, other than sick leave, two weeks prior to the first day you will be absent.

ADMINISTRATIVE USE ONLY

Approved: Rejected: Date: _____

Administrator: _____

Comments:

HUMAN RESOURCES USE ONLY

In Outlook Calendar

In Attendance Controller