



ASEC Employee Leave Request/Approval

Please use this form to report any planned or unplanned absences. Submit this form to Becky Conati as soon as you are aware of your need to be absent or upon your return to work. A full day is considered 8 hours or to request a portion of a day, report in increments of an 8 hour day.

Name: _____ Date: _____

PLANNED TIME OFF (must be submitted for approval prior to taking time off)

I wish to take _____ hours Medical time from _____ to _____ on _____
(date)

I wish to take _____ hours Bereavement time from _____ to _____ on _____
(Immediate family as defined in contract) (date)

I wish to take _____ hours Personal time from _____ to _____ on _____
(date)

I wish to take _____ hours Professional time from _____ to _____ on _____
(Please attach agenda or registration form) (date)

Name of event or conference: _____

I wish to take _____ hours Vacation time from _____ to _____ on _____
(if qualified) (date)

I wish to take _____ hours ECSE Stretch time from _____ to _____ on _____
(if qualified) (date)

UNPLANNED TIME OFF (submit for approval upon returning to work)

Deduct _____ hours Personal time for _____
(date)

Deduct _____ hours Sick time for _____
(date)

Employee Signature: _____

Date: _____

APPROVED BY:

Director's Signature: _____

Date: _____