

Spartanburg County Parks & Recreation Commission
EMPLOYEE LEAVE REQUEST FORM

Name: _____

Date of Request: _____

1. TYPE OF LEAVE REQUESTED:

Annual Leave

Sick Leave

Funeral Leave

Jury Duty

Administrative Leave

Comp Time (*see form on back of this sheet*)

2. DAYS & HOURS REQUESTED:

Date(s): _____

Total #of Hours: _____

Notes/Comments: _____

Employee Signature: _____

3. SUPERVISOR'S APPROVAL:

#of Hours Available: _____

Leave request is -

Approved

Disapproved (please explain)

Explanation: _____

Supervisor's Signature: _____

Date: _____