

LEAVE REQUEST FORM -FOOD & NUTRITION SERVICES

Request for leave should be submitted in advance for approval.

Date: Employee Name	:	
Location:	Position: □ Manager □ Sat. Leader	•
Type of Leave Requested:		
Association Leave		
Bereavement Leave - Relationship: _		□ Jury Duty Leave
<u>Bereavement Leave</u> and <u>Jury Duty Leave</u> are not dependent on approval, but are for record keeping purposes.		
Leave without Pay		
<u>Leave Without Pay</u> must be approved by the Supervisor of Food & Nutrition Services and Executive Director of Human Resources. A Leave Request form and a letter of explanation are required. All personal leave must be used prior to using leave without pay.		
Personal Leave		
Article 4.4 of the Negotiated Agreement specifies that all requests for time must be made in advance, except in the case of emergency and that all requests for time are subject to management approval and program needs and shall not be unreasonably denied.		
Pre-scheduled Medical Appointment	□ Sick Day □ Illn	ess in the Family
Employees must record sick leave on a leave form for record keeping purposes. Employees are not required to seek prior approval when illness occurs. Only medical appointments made in advance need to be communicated to a supervisor.		
Day(s) and Date(s) of Absence:		
Employee Signature:		
A		
Approved:	Disapproved:	
Supervisor Signature:		