

Pikes Peak BOCES  
Leave Request Form

Name & Location: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Leave Type and Date(s):	Full Day(s)	Half Days(s)
**Leave                      Date(s): _____	_____	_____
Sick Leave                Date(s): _____	_____	_____
Vacation                  Date(s): _____	_____	_____
Bereavement             Date(s): _____	_____	_____
Jury Duty                 Date(s): _____	_____	_____
Professional             Date(s): _____	_____	_____
Leave W/O Pay            Date(s): _____	_____	_____
Other                      Date(s): _____	_____	_____

Specify Other Leave Request: \_\_\_\_\_

Supervisor Comments: \_\_\_\_\_

*Please Note: You must specify if you will be taking a full day or half. If not indicated, a FULL DAY will be assumed.*

Received in Advance:	Yes	No
Reported on 1 <sup>st</sup> Day Absent?	Yes	No
Considered by Supervisor as:	APPROVED	DENIED

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*IF REQUESTING MORE THAN 2 CONSECUTIVE DAYS LEAVE, YOU MUST HAVE EXECUTIVE DIRECTOR APPROVAL**

E.D. Signature: \_\_\_\_\_

White Copy: BOCES/Payroll

Yellow Copy: Employee