

Pikes Peak BOCES  
Leave Request Form

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

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

Leave Type and Date(s): \_\_\_\_\_ Full Day(s) \_\_\_\_\_ Half Day(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