



# Utah Legal Services, Inc.

## APPLICATION FOR LEAVE

NAME \_\_\_\_\_ DATE \_\_\_\_\_

POSITION \_\_\_\_\_ OFFICE \_\_\_\_\_

	FIRST REQUEST	SECOND REQUEST	THIRD REQUEST
Total number of working days I will be out of the office:			
From:			
Through:			
Day/Date Back:			

I request the following:	# of Days or Hours	# of Days or Hours	#of Days or Hours
Vacation (Annual Leave):			
Sick Leave (Explain Below):			
Compensatory Time:			
Parent Leave: (Five days maximum)			
Bereavement Leave:			
Leave Without Pay:			
Other (Explain Below):			

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor/Personnel Director

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Executive Director (if required)

\_\_\_\_\_  
/ /  
Date

