Materials Management Request for Leave

Name: ____________________________ Date: ____________________

- Request for vacation should be made two-weeks in advance of leave
- Vacation request beyond 5 consecutive days require additional approval from Director.
- Only one personnel on vacation at a time in each area (Procurement, Admin, Central Receiving & Mail Services).
- Scheduled sick leave requires a doctor’s note upon return. If leave is for the entire work day; 8am-4:30pm, note must also indicate time (i.e. time check in and check out) at the appointment(s). Note must include the name of the medical practice and the individual signing the note to be accepted as authorize leave.
- No pre-scheduled vacation beyond current fiscal year.
- All use of vacation & sick leave is subject to Supervisor’s approval.

<table>
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<tr>
<th>DATES REQUESTED</th>
<th>VACATION HRS</th>
<th>SICK HRS</th>
<th>TIME OUT / IN (if applicable)</th>
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*Dependent Child – Biological/adopted/foster child/stepchild/legal ward under 18 yrs old or over 18 but incapable of self-care due to mental or physical disability*

TOTAL HRS REQUESTED __________ __________

_____________ _______________ ____________________
DATE SUPERVISOR’S SIGNATURE

Revised 11/11/11