

## Center for Social Change, Inc

Serving Individuals with Developmental Disabilities

## $Leave\ Application-Administrative$

	EMPLOYEE INFORMATION
Employee Name:	Today's Date
Department:	Supervisor:
Return to Work on: Day	
Employee Signature:	Date:
Supervisor's Use only (below)  Do you recommend leave? Yes	No Date//_201 Signature Title
Employee's Department Director Do you recommend leave? Yes	or Use only (below) No Date//_201 Signature Title
Date of Hire	
	QTR1 QTR2 QTR3 QTR4
TOTAL HOURS USED	July   Aug   Sep   Oct   Nov   Dec   Jan   Feb   Mar   Apr   May   June
Comments Payroll Use Only Forwarded to Ex	ecutive Office Payroll Signature / Date
	EXECUTIVE APPROVAL OF LEAVE
APPROVED WITH PAY	WITHOUT PAY DENIED
Comments	

Completed Leave application will be returned to HR Folder. Employee and Supervisor will both be notified of leave status.

<sup>\*</sup>ETO is the combined accrued time earned from vacation time and any potential sick time for benefit-eligible employees