

**COMMUNITY ACTION OF ORLEANS & GENESEE**

**TIME OFF REQUEST**

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

FROM: Name \_\_\_\_\_

Department \_\_\_\_\_

Position \_\_\_\_\_

I hereby request \_\_\_\_\_ on the following  
(Type of Leave)  
dates \_\_\_\_\_.

Comments/Conditions: \_\_\_\_\_

Permission Granted / Denied (Circle One)

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Program Director

Make out in duplicate – Return one to Employee making request. Place one in employee’s time sheet folder.

COMMUNITY ACTION Leave Form - #101 – Revised 01/09

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