

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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