

KAFASI Leave Request Form

Name: _____

Date: _____

I am requesting leave time for the following dates:

Date (s)	Type of Leave (circle one)	# of Days	Paid/Unpaid
_____	V S P C	_____	_____
_____	V S P C	_____	_____
_____	V S P C	_____	_____
_____	V S P C	_____	_____
Total Leave Requested=		_____	

Date Approved: _____

Date Recorded: _____

Supervisor's Signature

Fiscal Manager's Signature

V = Vacation Day S = Sick Day P = Personal Day
C = Comp Time

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