

**COASTAL PLAIN AREA  
ECONOMIC OPPORTUNITY AUTHORITY, INC.**

**LEAVE REQUEST**

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

County \_\_\_\_\_ Center \_\_\_\_\_ Employee No. \_\_\_\_\_

Type Leave Requested:    Annual \_\_\_\_\_    Sick \_\_\_\_\_  
   Personal \_\_\_\_\_    Leave Without Pay \_\_\_\_\_  
   Funeral \_\_\_\_\_    Jury \_\_\_\_\_  
   Birthday \_\_\_\_\_

Number of Days Requested: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Days accrued at time of request: \_\_\_\_\_

Who will perform duties during your absence? \_\_\_\_\_

Number where you can be reached, if necessary: \_\_\_\_\_

Signature of Requester: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Instructions:

1. To be completed and submitted to the Immediate Supervisor for approval or disapproval 3 days in advance, except for Sick Leave.
2. The original signed approved leave request must be attached to the Employee's Time Sheet
3. Supporting documentation must be attached to the Time Sheet for Funeral Leave and Jury Leave.
4. A physician's statement must be attached to the Time Sheet for use of Personal Sick Leave in excess of 3 days.
5. A physician's statement must be attached to the Time Sheet for use of Sick Leave for immediate family members (spouse or child).
6. If Funeral Leave exceeds 3 days, Annual Leave or Leave Without Pay must be requested.