Middle River Baptist Church Child Development Center

Request for Leave

Name: _____ Position: _____

TYPE OF LEAVE REQUESTED:

- ☐ Vacation Time
- ☐ Sick/Personal Time
- ☐ Unpaid Leave

- Please turn in your request early.
- Your request may be denied based on number of staff already scheduled off.

DATES OF REQUESTED LEAVE:

From: _____ through _____

_____

_____

_____

_____

_____ _____

Staff Signature/Title Date of Request

LEAVE BALANCES:

Current Leave Balances Vacation: _____ Sick / Personal: _____

Estimated balance on date of leave: Vacation: _____ Sick/Personal: _____

Do you want to take this time? ☐ Yes ☐ No

_____

Staff signature/Title Date

RESPONSE:

☐ Approved ☐ Decision Pending

☐ Denied; Reason for denial: _____

_____

Signature/Title of Supervisor Date

610 Middle River Road | Baltimore, MD 21220 | P: 410-682-6462 | F: 410-682-8996 | E: cdc@middleriver.org

Rev. 01/2011