



SCRS-IL

Southern California
Resource Services for
Independent Living

Leave Request Form

Refer to Employee Handbook Policies 2.10, 4.2, 4.4, & 4.6

Request Date: ____/____/____

Employee Name: _____

Job Title: _____

Department: IL VOC Admin

Type of Leave:

Sick Time Vacation Time Personal Time Off

Dates Requested: ____/____/____ through ____/____/____

Returning: ____/____/____

Total Number of Hours Requested: _____

NOTE: It is the employee's responsibility to check pay stub for available hours.

Employee Signature

Date

Manager Signature

Date

Status: Approved Denied
 Excused Non-Excused

Comments: _____

FOR SICK LEAVE USE ONLY:

Manager only:

Received phone call: Yes No Date/Time: ____/____/____ ____ AM / PM

HR Manager only:

Notified: Yes No Date/Time: ____/____/____ ____ AM / PM

Received By: HR Entered: _____ _____	Processed By: Finance	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid Pay Period(s): <input type="checkbox"/> Duplicate Pay Period ending: _____ Days in Period: _____ Pay Period ending: _____ Days in Period: _____
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