



accounting & consulting resources

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LEAVE PERMISSION REQUEST

NAME: _____	<input type="checkbox"/>	HEALTH/SICKNESS
TODAY'S DATE: _____	<input type="checkbox"/>	FAMILY EMERGENCY
STARTING DATE: _____ STARTING TIME: _____ AM PM	<input type="checkbox"/>	VACATION
ENDING DATE: _____ ENDING TIME: _____ AM PM	<input type="checkbox"/>	OTHER (Explain Below)
REASON: (Please explain)		

PAID TIME:	YES _____	NO _____
PERSON WILL COVER:	YES _____	NO _____
REQUESTED BY _____	APPROVED BY _____	

INSTRUCTIONS

- 1) Please fill out all fields that apply.
- 2) Permission should be requested, at least two weeks in advance, unless an emergency.
- 3) If absence is for a medical condition, copy of Doctor's certification **MUST** be provided.
- 4) Form should be submitted in duplicate.
- 5) Attach any documents to support absence.
- 6) Keep copy of this form for your records.