

Community Action, Inc. of Central Texas

Leave Without Pay Request

Name: _____

Date: _____

Leave Without Pay Request: Beginning _____

Ending _____

Employee Signature: _____

Supervisor determination on request. Initial one of the determinations and sign below.

_____ Approved for the dates indicated above

_____ Denied for the dates indicated above, for reason stated:

Reason: _____

_____ Approved for the following dates: _____

Supervisor Signature Date

Team Leader Approval Signature Date

Approved Denied _____
Executive Director Signature Date

Employee Signature indicating receipt of determination Date

