



MOODY GARDENS LEAVE REQUEST FORM

EMPLOYEE _____

PAYROLL # _____

DEPARTMENT _____

Please check type of leave requested:

____ Vacation (# of Days _____)

____ Funeral (immed. family member-
-Must attach backup)

____ Personal Day (# of Days _____)

____ Jury Duty (Must attach backup)

Permission is requested to be absent for:

_____ hours, or _____ day(s)

Date(s) requesting off _____

Returning on ____/____/____

Remarks (as required) _____

FOR OFFICE USE ONLY

<i>Personal Days Available</i> _____	<i>Vacation Days Available</i> _____
<i>Leave with pay</i> _____	<i>Leave without pay</i> _____
<i>Authorized Initial</i> _____	

If this is an extended leave of absence, Please see Human Resources;

_____/_____/_____
Employee Signature Date

_____/_____/_____
Department Head Approval Date

_____/_____/_____
Human Resources Approval Date

_____/_____/_____
Exec. Director Approval Date
(if required)

Payroll Approval

If disapproved, please state the reason: _____
