

LDF Chippewa Housing Authority

Leave Slip Request Form

Employee Name: _____

Date(s) & Time of Requesting Leave: _____

Reason: _____

PTO: _____ hrs Other: _____ hrs

(Employee Signature) (Date)

Time Available/Verified: _____

Approved: _____ Disapproved: _____

Notes: _____

Supervisor Signature Date

Date Received in Personnel

Initials