



THE DIOCESE OF YAKIMA • PASTORAL OFFICE
LA DIÓCESIS DE YAKIMA • CENTRO PASTORAL

EMPLOYEE LEAVE REQUEST FORM

Employee Information

Please complete and return to your supervisor.

Name: _____
Title: _____
Parish/Department: _____
Supervisor: _____

Dates Information

Type of Leave & Date(s):

Vacation/Sick/Bereavement/Personal
Leave(please explain): _____
Start Date: _____
End Date: _____
Total Days: _____
Returning to work on: _____
Comments: _____

Request Approved: _____
Request Declined: _____

Supervisor Comments: _____

Employee Signature: _____ Date: _____

Supervisor/ Delegate Signature: _____ Date: _____