

# MAINE MARITIME ACADEMY

## Leave Request & Authorization Form

### Part I (to be completed by employee and given to Department/Division head)

Employee name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Today's date \_\_\_\_\_

I request the following type of leave:

- Vacation                       Personal leave without pay  
 Sick                                 Bereavement leave  
 Comp time

I request \_\_\_\_\_ days leave.

I request \_\_\_\_\_ hours comp time.

Starting date \_\_\_\_\_

Ending date \_\_\_\_\_

\_\_\_\_\_  
Signature of employee

### Part II (to be completed by Department/Division head and distributed as indicated)

I have verified with the HR office that as of this date your balance for the requested type of leave is:

\_\_\_\_\_ vacation days    \_\_\_\_\_ hours comp time    \_\_\_\_\_ sick days

Your request is:

- Approved  
 Approved in part as follows: \_\_\_\_\_  
 Disapproved

Today's date \_\_\_\_\_

\_\_\_\_\_  
Signature of Department/Division head