



# Missouri Valley Community *ACTION* Agency

## Application for Leave

To: \_\_\_\_\_

From: \_\_\_\_\_

\_\_\_ Sick Leave                      Dates: \_\_\_\_\_

\_\_\_ Annual Leave                      Dates: \_\_\_\_\_

\_\_\_ Admin Leave                      Dates: \_\_\_\_\_

\_\_\_ Other                              Dates: \_\_\_\_\_

Reason for Admin. or Other: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Supervisor/Executive Director

This form is to be completed and approved prior to leave. If employee calls in sick, form must be completed immediately upon return to work.