



LEAVE FORM

* CONSUMERS *

CONSUMER _____ TODAY'S DATE _____

TITLE _____ LOCATION _____

UNPAID

Unpaid leave may be taken for vacation, sick, or personal reasons depending on agency needs and staff coverage availability at the time.

DAYS REQUESTED: _____

OR DAYS ALREADY TAKEN: _____

TOTAL # DAYS: _____

COVERAGE PLANS

This section must be filled out prior to submission for Supervisor's approval, and the actual person scheduled to cover must sign.

If the leave has already been taken (such as in the case of illness), then the words "*Already Taken*" should be written below.

CONSUMER SIGNATURE: _____

JOB COACH/INSTRUCTOR APPROVAL: _____

PROGRAM DIRECTOR/COORDINATOR APPROVAL: _____