

Black Hills Special Services Cooperative

Leave Request

Employee Name: _____
(Please Print)

Date of Leave _____ through _____

Hours of leave requested: _____

Type of Leave Requested:	Balance on Check Stub
_____ Annual Leave	_____
_____ Paid Personal Leave	_____
_____ Sick Leave **	_____
_____ Leave Without Pay	

Employee Signature Date

** The Family Medical Leave Act entitles eligible employees to take up to 12 weeks of unpaid, job-protected leave in a 12-month period for specified family and medical reasons. Please review the Personnel Policy & Procedures Manual or contact the payroll department for more information.

_____ Approved _____ Disapproved

Supervisors Signature Date