



**VERIFICATION FOR LEAVE**

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date Leave to Begin: \_\_\_\_\_ Date Leave to End: \_\_\_\_\_

I request a leave of absence for the following reason:

- Vacation
- Medical appointment
- Dental appointment
- Military duty
- Jury duty
- Funeral
- Other \_\_\_\_\_

Make up time approved. Manner of make up \_\_\_\_\_

Name of Team Lead or Supervisor: \_\_\_\_\_

Their contact info: (phone): \_\_\_\_\_

(email): \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>TPS use only:</b>	
Leave: <input type="checkbox"/> Approved <input type="checkbox"/> Unapproved	Pay: <input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmed with: <input type="checkbox"/> Team Lead <input type="checkbox"/> CO <input type="checkbox"/> COR	Date: _____ Time: _____
Name: _____	