



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: _____

TPS use only:

Leave: Approved Unapproved

Pay: Yes No

Confirmed with: Team Lead CO COR

Date: _____ Time: _____

Name: _____