Diocese of Charlotte
Application for Leave

1. Name (Print or type) *Last, first, middle* **Signature** **Date**

2. Department

3. Type of Leave Requested
(If more than one box is checked, explain in Item 7, Remarks)

☐ **Sick: (Specify)**
__ **Family**
__ **Personal**
__ **Family Medical Leave Act**

☐ **Vacation**

☐ **Leave Without Pay**

☐ **Other (specify #7)**

4. From: **Month** **Day** **Year** **Hour** _____ **AM** _____ **PM**

5. To: **Month** **Day** **Year** **Hour** _____ **AM** _____ **PM**

6. Total Number of Hours Requested

7. Remarks:

Department Head Action

☐ **Approved**

☐ **Disapproved (If Disapproved, give reason in Item 7, Remarks)**

Name (Print or type) *Last, first, middle initial* **Signature** **Date**

Revised 5/13/03