



## Request For Leave Form

Please complete all applicable information and then submit to your manager.

<b>General Information</b>	Associate Name: _____ Associate #: _____ Department: _____
<b>Type of Leave</b>	<p style="text-align: center;">Please indicate type of leave by placing the number of requested hours in the blank to the right.</p> <p style="text-align: center;">PTO: _____ Holiday: _____</p> <p style="text-align: center;">EIB: _____</p> <p>I request _____ day(s) of leave, beginning _____ through _____. I have reviewed my accrued hours and determined that I have enough hours to account for this request.</p> <p style="text-align: center;">Comments: _____</p> <p style="text-align: center;">_____</p>
<b>Associate Certification</b>	Associate Signature: _____ Date: _____
<b>Manager Certification</b>	Associate has been employed by Carroll Hospital Center for the required time to be eligible for this request. _____ Yes _____ No Associate has enough time accrued. _____ Yes _____ No Recommended leave with pay. _____ Yes _____ No <p style="text-align: center;">Comments: _____</p> <p style="text-align: center;">_____</p> Manager Signature: _____ Date: _____