



**REQUEST FOR LEAVE TIME
TO BE COMPLETED BY THE EMPLOYEE**

Employee Name: _____

Date of Request: _____

Employee Address: _____

Employee Work Telephone #: _____

Employee Home Telephone #: _____

Title/Position: _____

Facility: _____

Date(s) Requested: _____

Purpose for the time off (i.e., vacation, sick, down days, leave of absence, etc.):

Employee Signature: _____

TO BE COMPLETED BY MTF

I am aware of the aforementioned Requested Time Off:

Date: _____ MTF Validation Signature: _____

TO BE COMPLETED BY PROGRAM MANAGER

Requested Time Is (circle one): APPROVED DISAPPROVED

Date: _____ Program Manager Signature: _____

FAX TO (301) 947-1335