

ALL PURPOSE LEAVE REQUEST

APL _____
(Balance before time off)

Last Name _____ First Name _____

Department _____

Date of Request _____

Please indicate date(s) and number of hours requested

Date	Hours	Date	Hours
Monday _____	_____	Thursday _____	_____
Tuesday _____	_____	Friday _____	_____
Wednesday _____	_____		

Please use one form per calendar week

Supervisor's Signature _____ Date _____