

Ardmore Enterprises, Inc.

APPLICATION FOR LEAVE

NAME: _____ P.P.E. _____

() Annual () Sick *() Leave W/O Pay **() Jury Duty

Begin: _____ am/pm
(Date) (Time)

End: _____ am/pm
(Date) (Time)

Number of Days: _____ Number of Hours: _____

(Employee Signature)

(Date)

(Supervisor Signature)

(Date)

(Director Signature)

(Date)

Note: Doctor's certification may be requested for absences due to illness in accordance with Ardmore's Personnel Policies – Section 5

*Requires CEO approval

** Requires documentation

Comments: _____
