

Application for Hardship Leave Requests

Name: _____

Department: _____

I am asking for _____ hours of donated vacation time.

My illness/injury is: _____

I am expected to be out of the workplace for _____ days.

All of my leave will be used up on: _____

A doctor's note and/or statement of my illness/injury has been provided to my supervisor for my leave purposes.

Signature: _____

Date: _____

Posting Date: _____ Posted Until: _____ (2 weeks)