## SOUTH CENTRAL MISSOURI COMMUNITY ACTION AGENCY APPLICATION FOR LEAVE

NAME:	DEPARTMENT
I hereby apply forhours An	nnual Leave Sick Leave
Beginning: 20 En	nding:20
Month/Day/Hour	Month/Day/Hour
If Sick Leave: Employee-Illness	Family Member-Illness
Employee-Doctor Appt	t Family Member-Doctor Appt Family Member Relationship:
physician.	cess of 3 days, attach appropriate certification from
Jury Duty Leave: I hereby apply for Beginning: 20 En	
Month/Day/Hour Certification of Court Service is atta	
Funeral Leave: I hereby apply for le Beginning:20 En Month/Day/Hour Relationship of deceased to employe	eave with pay for dates: nding:20 Month/Day/Hour ee:
	: I hereby apply for leave with pay for :
	Employee's Signature
Approved Disapproved	
<u> </u>	Supervisor
Approved Disapproved	
Disappioreu	Program/Executive Director