

**Leave Request
Authorization**



Employee Name

Employee ID Number

Department

I request/authorize _____ leave hours as follows:
(Leave taken in half hour increments only)

- | | |
|---|--|
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Bereavement Leave |
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Legal Leave |
| <input type="checkbox"/> Personal Leave | <input type="checkbox"/> Leave- No Pay |
| <input type="checkbox"/> Catastrophic Leave | <input type="checkbox"/> Military Leave |

Date

Starting Time

Date

Ending Time

Comments

**I authorize CNM to deduct the above leave
from my leave balance.**

Employee Signature

Date

Approved By

Employee is responsible for notifying supervisor and
department payroll specialist of any changes or
cancellations of authorized leave.

White- Department Yellow- Employee Pink-Supervisor/Approver
Retention 11 years