



Diocese of Charlotte

Application for Leave

1. Name (Print or type) <i>Last, first, middle</i>		Signature			Date	
2. Department/Agency/Parish/School						
Type of Leave Requested					6. Total Number of Hours Requested	
3. Sick (Specify) Family Personal Family Medical Leave Act	Month	Day	Year	Hours per day	SICK	
4. Vacation <input type="checkbox"/>	Month	Day	Year	Hours per day	VACATION	
5. Leave Without Pay <input type="checkbox"/>	Month	Day	Year	Hours per day	LEAVE W/O PAY	
7. Other/Remarks <input type="checkbox"/>						

Department/Agency/Parish/School Head Action

Approved

Disapproved (If Disapproved, give reason in Item 7, Remarks)

Name (Print or type)
Last, first, middle initial

Authorized Signature

Date