



OCA Vacation and Personal Leave Request Form

Name:

Date:

I am requesting vacation leave from _____ to _____ for a total of _____ days
paid/unpaid (circle one) leave.

I am requesting sick/personal leave from _____ to _____ for a total of _____ days
paid/unpaid(circle one) leave.

I understand that until my supervisor signs this form, my request is not approved.

Employee's Signature

Supervisor's Signature

Employee: *After filling out this form, please email a copy to your supervisor for approval.*

Supervisor: *After approving the request, please save a copy for your records
and email a copy to both the employee and the business office.*