

Choctaw Professional Resources Enterprise

2101 West Arkansas

Durant, OK 74701

Phone: 580-924-8280, FAX: 580-924-5764

REQUEST FOR LEAVE

Employee's Name (print): _____ Date: _____

Employee Base of Assignment: _____

I request leave to be absent from work as follows:

ANNUAL LEAVE

Date(s): _____ Total Number Hours: _____

SICK LEAVE

Date(s): _____ Total Number Hours: _____

LEAVE ADDRESS & PHONE NUMBER (In case of Emergency):

(For more than one leave, or type of leave, and if the dates of the leaves are close together, it is acceptable to consolidate the requests on one Request For Leave form)

Remarks: _____

Employee Signature: _____ **Date:** _____

Action by the Supervisor:

Recommend: Approval _____ / Disapproval _____

Comment: _____

Supervisor Signature: _____

Action by CPRE:

Approved _____ / Disapproved _____

Comment: _____

Program Manager Signature: _____ Date: _____

NOTE: CPRE Approval will be faxed to the employee.