

COUNTY OF ZAVALA



Dept. / Division: _____

Employee Leave, Suspension or Termination Form

Employee Name: _____

Today's Date: _____

Social Security Number: _____

Type of Leave: (Select one)

I am requesting the following dates off:

	SUN	MON	TUE	WED	THU	FRI	SAT
Date							

	SUN	MON	TUE	WED	THU	FRI	SAT
Date							

Notes: _____

Employee Signature: _____ Date: _____

Manager's Approval

Manager's Signature: _____ Date: _____

Approved Not Approved

Notes: _____

