



# THE CREATIVE COALITION LEAVE REQUEST FORM

All requests for leave must be submitted a minimum of seven days in advance. In sick and emergency situations in which leave requests cannot be submitted in advance, they must be submitted for approval at the first available opportunity. Please consult the TCC Personnel Manual for details on each type of leave.

**NAME:** \_\_\_\_\_

**TYPE OF LEAVE REQUESTED** (*check one*):

Vacation Leave

Sick Leave

Compassionate Leave

Jury Duty Leave

Unpaid Leave

Military Leave

Maternity/Paternity/Family Leave

**DATES REQUESTED:**

Email this form to the CFO to verify you have the requested time available for the leave. Once approved email it to your direct supervisor. If your supervisor approves they will email it to the CEO for final approval and you will receive a copy for your records.

**CFO APPROVAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DIRECT SUPERVISOR APPROVAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CEO APPROVAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_