

# PAID LEAVE REQUEST

**CAMBRIDGE**

real estate services

EMPLOYEE NAME	DATE
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PROPERTY NAME
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## PLEASE NOTE

Except for illness-related absences, approval must be sought in advance for leave exceeding three (3) scheduled work days.

- Employees are not required to fill out this form for time off up to three (3) days. Simply notify your supervisor of such absences.
- When requesting four (4) to eight (8) days off, please submit this form to your supervisor at least 10 business days in advance.
- Any leave request of more than eight (8) days, please submit this form to your supervisor at least 30 (thirty) days in advance.

## PURPOSE OF PAID LEAVE

- VACATION       MILITARY       BEREAVEMENT       FAMILY / MEDICAL  
 JURY DUTY       OTHER \_\_\_\_\_

## LEAVE DATES

From \_\_\_\_\_ Through \_\_\_\_\_

## HOURS TO BE TAKEN

(A) Estimated Accrued Hours at Start of Leave \_\_\_\_\_  
(B) Requested Hours \_\_\_\_\_  
Estimated Accrued Hours at End of Leave ( A - B ) \_\_\_\_\_

## SUBMITTED BY

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## MANAGER'S USE

1. Identify employee(s) who will cover for person going on leave:

\_\_\_\_\_

2. How many hours of coverage are needed? \_\_\_\_\_

a. How many of those hours will be at regular time? \_\_\_\_\_

b. How many of those hours will be at overtime? \_\_\_\_\_

Site Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

## PROPERTY SUPERVISOR AUTHORIZATION

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_