



Greater Opportunities of The Permian Basin Inc.
Head Start School Readiness Academy

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GREATER OPPORTUNITIES OF THE PERMIAN BASIN – HEAD START
 LEAVE REQUEST

*(FORM TO BE USED TO PROVIDE SUPERVISOR WITH ADVANCED WRITTEN NOTICE OF
 EMPLOYEE'S INTENT TO REQUEST LEAVE)*

"Leave pertains to extended periods of absences" (i.e. a week or more)

NAME: _____

CENTER: _____

Leave Time Starts: _____ AM-PM Date: _____

Leave Time Ends: _____ AM-PM Date: _____

TOTAL WORKING HOURS EMPLOYEE IS TO BE ON LEAVE: _____ Hrs.

- | | |
|-----------------------------------|------------------------------------|
| _____ 1. Family & Medical (FMLA) | _____ 6. Paid Time Off (PTO) |
| _____ 2. Holiday (HOL) | _____ 7. Sickness – Personal (SIC) |
| _____ 3. Jury/Civic Duty (JD/CD) | _____ 8. Sickness – Family (SIC) |
| _____ 4. Leave without Pay (LWOP) | _____ 9. Worker's Comp Injury (WC) |
| _____ 5. Military (MIL) | _____ 10. *Other – Explain Below |

*EXPLANATION OF ABOVE, IF NECESSARY: _____

Employee: _____

Date: _____

Supervisor: _____

Date: _____

Fiscal Manager: _____

Date: _____

HR Manager: _____

Date: _____

Executive Director: _____

Date: _____

WHEN POSSIBLE, LEAVE MUST BE APPROVED IN ADVANCE. ALL LEAVES MUST BE ACCURATELY NOTED ON TIMESHEET. THIS FORM IS NOT A REPLACEMENT FOR TIMESHEETS. IT IS INTENDED PRIMARILY TO BE USED TO COMMUNICATE WITH THE SUPERVISOR, NOT THE PAYROLL DEPARTMENT.