

Please Print Name _____

Coastal Bend Council of Governments

Date: _____

Request for: Vacation Leave _____ Sick Leave _____ Comp Leave _____

Vacation: From _____ To _____

Total of _____ Working Days, _____ or a Total of _____ Hours

Sick Leave: From _____ To _____

Total of _____ Working Days, _____ or a Total of _____ Hours

Comp. Leave: Number of Hours _____ On _____

*Route To: Program Director _____

Executive Director _____

Accrued Time:

Vacation _____ Sick Leave _____ Comp Time _____

Employee _____

***THIS FORM MUST BE APPROVED BY PROGRAM DIRECTOR AND EXECUTIVE DIRECTOR PRIOR TO SUBMITTING TO ACCOUNTING DEPARTMENT.**

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