



Choctaw Archiving Enterprise
2161 NW Military Drive, Suite 308
San Antonio, TX 78213
Ph: 210-341-3336 Fax: 210-341-3455

REQUEST FOR LEAVE

Employee's Name (print): _____

Contract or Program Manager's Name: _____

Employee Base of Assignment: _____

I request leave to be absent from work as follows:

ANNUAL LEAVE

Date(s): _____ Total No. Hrs: _____

SICK LEAVE

Date(s): _____ Total No. Hrs: _____

LEAVE ADDRESS & PHONE NUMBER (If known in case of emergency):

Remarks:

Employee Signature: _____ Date: _____

Action by Supervisor: _____ Approved _____ Disapproved

Supervisor's Signature: _____ Date: _____

Action by CAE: _____ Approved _____ Disapproved

Program Manager's Signature: _____ Date: _____