



SUSSEX COUNTY MUNICIPAL UTILITIES AUTHORITY

34 ROUTE 94 SOUTH, LAFAYETTE, NJ 07848

LEAVE REQUEST FORM

DATE: _____

NAME: _____

DEPARTMENT:

- _____ ADMINISTRATION
- _____ SOLID WASTE FACILITIES
- _____ WASTEWATER FACILITIES

TYPE OF LEAVE REQUESTED (CHECK ONE)

- _____ VACATION DAY (S)
- _____ SICK DAY (S)
- _____ PERSONAL DAY
- _____ FLOATING HOLIDAY
- _____ OTHER (Bereavement, Jury Duty, etc.) please explain below

DATE (S) OF LEAVE: _____

* DESTINATION (CITY, STATE) * IF OUTSIDE OF NJ :

DATE TO RETURN TO WORK : _____

EMPLOYEE SIGNATURE: _____

- _____ APPROVED
- _____ DISAPPROVED

SUPERVISORS SIGNATURE _____ DATE _____

SUPERINTENDENT SIGNATURE: _____ DATE _____