



**Request for Approval**  
**Extended Compassionate/Discretionary Leave**  
(Administrative Policy 4162)

Name: \_\_\_\_\_

Date Request Submitted: \_\_\_\_\_

Date of Absences: \_\_\_\_\_ Total Hours Requested: \_\_\_\_\_

Balance of Sick Leave as of the request date: \_\_\_\_\_

Extended Compassionate Leave

Discretionary Leave

Reason:

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

Approved \_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor      Date

\_\_\_\_\_  
Human Resource      Date

Disapproved for the following reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor      Date