



MILITARY ORDER OF THE PURPLE HEART
CHARTERED BY CONGRESS

NATIONAL HEADQUARTERS
5413-C BACKLICK ROAD
SPRINGFIELD, VA 22151-3960
TEL (703) 354-2140 FAX (703) 256-6142

LEAVE REQUEST

To: **MOPH National Service Director**

Date: _____

1. I hereby request authorization to use the following leave for the period beginning at

_____,
(hour, a.m./p.m.) (month/day/year)

and ending at _____.
(hour, a.m./p.m.) (month/day/year)

- Annual Leave
- Sick Leave
- Bereavement Leave
- Other _____ (Attach documentation if reqd.)

2. Total hours of leave requested: _____.

3. I have a total of _____ hours of the above requested type leave accrued to date.

Employee Printed Name

Employee Signature

APPROVED **DISAPPROVED** By: _____ Date: _____
Supervisor

APPROVED **DISAPPROVED** By: _____ Date: _____
Regional Field Supervisor

APPROVED **DISAPPROVED** By: _____ Date: _____
National Service Director

***If submitting this document electronically you are agreeing to the terms or conditions set forth on this document by printing or typing your name in the spaces above.**

Distribution: Original to Employee, Duplicate to Headquarters Employee file