Printed Name	Employee #	Department
Signature	Date	
Respectfully submitted,		
Thank you for your consideration of th	is request.	
provider.		
If the request is for a medical reason, p	lease attached a medical ex	cuse from your healthcare
The reason for my request is		
I plan on returning to work on		·
☐ Paid Leave		
☐ Unpaid Leave		
I am requesting:		
Dear Mr. Carlson:		
Arrowhead Economic Opportunity Agraul Carlson, Executive Director 702 3 rd Avenue South Virginia, MN 55792	ency	