

Employee Leave Request Form

Employee Name:

Position:

Employee #:

Department:

Duration:

Starting Date:

End Date:

Total Leave Days:

Reason for Leave:

<input type="checkbox"/>	Vacation Leave	<input type="checkbox"/>	Bereavement Leave	<input type="checkbox"/>	Volunteer Time Off (VTO)
<input type="checkbox"/>	Sick Leave	<input type="checkbox"/>	Sabbatical Leave	<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Personal Leave	<input type="checkbox"/>	Military Leave	<input type="checkbox"/>	
<input type="checkbox"/>	Family Leave	<input type="checkbox"/>	Jury Duty Leave	<input type="checkbox"/>	
<input type="checkbox"/>	Parental Leave	<input type="checkbox"/>	Compensatory Leave	<input type="checkbox"/>	

Code Time As:

Paid Leave

Unpaid Leave

Other

Employee's Comments (Optional):

I acknowledge that this request is subject to approval by my employer.

Employee's Signature: _____

Date: _____

Approval Information

Approved: YES NO

Approver's Name:

Position:

Approver's Signature:

Approval Date:

Approver's Comments (Optional):