

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"/>	Family Leave	<input type="checkbox"/>	Jury Duty Leave		
<input type="checkbox"/>	Parental Leave	<input type="checkbox"/>	Compensatory Leave		

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:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Approver's Name:	_____	Position:	_____
Approver's Signature:	_____	Approval Date:	_____
Approver's Comments (Optional):			