

# 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     | [Your specific reason here]                       |
| <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:  YES     NO

Approver's Name:

Position:

Approver's Signature:

Approval Date:

Approver's Comments (Optional):