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| --- |
| **Leave Request Form** |
|  |
| Employee Name:  | Position: |
| Employee #:  | Department: |
|  |
| **Duration**: |
| Starting Date:  | End Date:  | Total Leave Days:  |
|  |
| **Reason for Leave:** |
| [ ]  | Vacation Leave | [ ]  | Bereavement Leave | [ ]  | Volunteer Time Off (VTO) |
| [ ]  | Sick Leave | [ ]  | Sabbatical Leave | [ ]  | Other (please specify) |
| [ ]  | Personal Leave | [ ]  | Military Leave |  | [Your specific reason here] |
| [ ]  | Family Leave | [ ]  | Jury Duty Leave |  |  |
| [ ]  | Parental Leave  | [ ]  | 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):  |
|  |
|  |

