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| --- | --- | --- |
| Leave Request Form |  |  |
| **Date of Request:** |  |
|  |  |  |  |
| Employee Name: |  | Employee #: |  |
| Manager/Supervisor: |  | Department: |  |
|  |  |  |  |
| **Vacation Details:** |
| Start Date: |  | Total Days Requested: |  |
| End Date: |  |
| Type of Leave:  |  | If “Other”, please specify: |  |
| Additional Information: |  |
|  |
|  |
|  |  |  |  |
| **Contact Information:** |
| Phone Number: |  | Email Address: |  |
|  |  |  |  |
| **Acknowledgment:** |
| [ ]  *I acknowledge that my leave request is subject to approval and that the information provided is accurate.* |
| Employee’s Signature: |  | Date: |  |
|  |  |  |  |
|  |  |  |  |
| **Approval Information** |
| Manager’s Name: |  | Manager’s Signature: |  |
| Leave Request Status:  |  | Date of Approval: |  |
| Manager’s Notes: |  |
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