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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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