

# LEAVE REQUEST FORM

NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

DATE/TIME REQUESTED STARTING \_\_\_\_\_

DATE/TIME REQUESTED ENDING \_\_\_\_\_

TOTAL HOURS REQUESTED \_\_\_\_\_

*REASON FOR LEAVE:*

\_\_\_\_\_ SICKNESS

\_\_\_\_\_ VACATION (ANNUAL LEAVE)

\_\_\_\_\_ DOCTOR'S APPOINTMENT

\_\_\_\_\_ JURY DUTY

\_\_\_\_\_ DEATH IN FAMILY

\_\_\_\_\_ LEAVE WITHOUT PAY

\_\_\_\_\_

\_\_\_\_\_ SUSPENSION

\_\_\_\_\_ PERSONAL DAY

\_\_\_\_\_

Explanation, if necessary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE