



Employee Leave Request Form

Employee Name _____ Date _____
Department _____ Supervisor Name _____

REASON FOR LEAVE

- Vacation
- Jury Duty
- Military
- Sick
- Leave of Absence - Paid
- Leave of Absence - Unpaid
- Worker's Comp
- FMLA - Supporting documentation required
- Other**
- Bereavement – Relationship: _____

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LEAVE REQUESTED

Beginning Date _____ Ending Date _____ Total **Hours** Requested _____
Total **Days** Requested _____
Last date worked prior to leave _____ Return date _____

Employee Signature _____ Date _____

SUPERVISOR USE ONLY

Approved

Denied

Reason for Denial _____

Supervisor's Signature _____ Date _____