

REQUEST FOR LEAVE FORM

- Any Additional dates or time used or requested, will require a new request for leave form.

Employee: _____ Todays Date: _____

	Type of Leave Request	Reason for Leave	Hours Used
	Sick		
	Vacation		
	Jury Duty		
	Bereavement		

Note: All union workers receive paid vacation through the union.

Date(s) of leave requested from: _____ To: _____

Time Leaving: _____ Returning: _____

Total Hours Requested: _____

Employee's Signature: _____ DATE: _____

Managers Signature: _____ DATE: _____

☐ Approved ☐ Disapproved

Type of Leave	Current Balance	Time Requested	Remaining Balance
Sick			

System Updated

by: _____ (timekeeper)

Date: _____