



LEAVE REQUEST FORM

Employee Name: _____

Employee Number: _____ Job Location: _____

Supervisor: _____

Type of Leave Requested:

- Sick/ Personal Vacation Bereavement Leave w/o Pay
 Military Jury Duty FMLA

Balance of PTO Hours as of Check Date: _____

Vacation: _____ Sick/Personal: _____

Date(s) of Absence: FROM _____ TO _____

Return to Work Date: _____

of Days Requested: _____

of Hours Requested: _____

Reason for Leave: _____

NOTE: Request for time off must be submitted and approved at minimum, 3 days prior to first day of absence.

APPROVED

REJECTED

COMMENTS: _____

Manager/ Supervisor Signature: _____ Date: ____/____/____