Employee Leave Request Form

Employee Name _____ Date _____

Department _____ Supervisor Name _____

REASON FOR LEAVE

☐ Vacation ☐ Civil Leave /Jury Duty ☐ Military

☐ Sick - Self ☐ Sick - Family ☐ Sick – Dr. Appointment

☐ Worker's Comp ☐ Family and Medical For _____

☐ Leave of Absence ☐ Funeral – Relationship: _____

☐ Other _____

LEAVE REQUESTED

From _____ Time _____ a.m/p.m Total Number of Hours Requested _____

To _____ Time _____ a.m/p.m Total Number of Days Requested _____

Other _____

_____

_____

Employee Signature _____ Date _____

SUPERVISOR USE ONLY

Comments: _____

_____

_____

Approved By:

Supervisor Signature _____ Date _____