



Leave Request

Employee Name: _____ Date: _____

Department/Division: _____

Type of Leave Requested: (check all that apply)

- (V)acation (P)ersonal Leave (C)omp Leave (S)ick Leave¹
- (M)ilitary Leave² Court/(J)ury Duty³ (B)ereavement⁴ (W)ithout Pay⁵
- Other (Please specify): _____

***If any leave is subject to FMLA, Human Resources must be notified.
Please review Employee Handbook or FMLA poster for eligibility and responsibilities.***

DATE(S): _____ HOURS REQUESTED: _____ LEAVE TYPE: _____

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Note: Leave will be reduced in 15 minute increments (0.25, 0.50, 0.75)

Total Work Hours Requested: _____

Employee Signature Date

Approved Denied

Supervisor Signature Date

- 1. Attach Doctor's Note or other form of verification
- 2. Attach Military Orders or Reference Annual Notice
- 3. Attach Summons/Subpoena
- 4. Please indicate relation to family member or other form of verification
- 5. Attach Disciplinary Action or Indicate Reason

Original of this form must be attached to the employee's time sheet.