

Leave Request Form

Employee Name:	Position:
Employee #:	Department:

Duration:

Starting Date:	End Date:	Total Leave Days:
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Reason for Leave:		
<input type="checkbox"/> Vacation Leave	<input type="checkbox"/> Bereavement Leave	<input type="checkbox"/> Volunteer Time Off (VTO)
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Sabbatical Leave	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Personal Leave	<input type="checkbox"/> Military Leave	
<input type="checkbox"/> Family Leave	<input type="checkbox"/> Jury Duty Leave	
<input type="checkbox"/> Parental Leave	<input type="checkbox"/> Compensatory Leave	

Code Time As:

<input type="checkbox"/> Paid Leave	<input type="checkbox"/> Unpaid Leave	<input type="checkbox"/> Other
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Employee’s Comments (Optional):

☐ *I acknowledge that this request is subject to approval by my employer.*

Employee’s Signature:	Date:
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Approval Information	
Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Approver’s Name:	Position:
Approver’s Signature:	Approval Date:
Approver’s Comments (Optional):	