

LEAVE REQUEST FORM

NAME _____

DEPARTMENT _____

TIME REQUESTED STARTING _____

TIME REQUESTED ENDING _____

TOTAL HOURS REQUESTED _____

REASON FOR LEAVE:

_____ SICKNESS

_____ VACATION (ANNUAL LEAVE)

_____ DOCTOR'S APPOINTMENT

_____ JURY DUTY

_____ DEATH IN FAMILY

_____ LEAVE WITHOUT PAY

Explanation, if necessary _____

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE