

EMPLOYEE LEAVE REQUEST FORM



PLEASE CHECK ONE OF THE FOLLOWING LEAVE TYPES:

ANNUAL:

SICK:

COMP:

OTHER*: EXPLAIN: _____

*Please note that appropriate documentation must be submitted.

DATE: _____

EMPLOYEE: _____

DEPARTMENT: _____

DATE(S) OF LEAVE REQUESTED:

DATE(S)	TIME - FROM/TO	TOTAL HOURS

ACCUMULATED LEAVE HOURS
AS OF LAST PAY PERIOD:

EMPLOYEE SIGNATURE

PERSON RESPONSIBLE
DURING YOUR ABSENCE:

SUPERVISOR SIGNATURE

APPROVED:

DISAPPROVED:

DIVISION CHIEF ACKNOWLEDGEMENT/COMMENTS:

CC: SUPERVISOR
DIVISION CHIEF
HUMAN RESOURCES
EMPLOYEE