

# Leave Request Form

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Employee #: \_\_\_\_\_ Department: \_\_\_\_\_

## Duration:

Starting Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Leave Days: \_\_\_\_\_

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:

☐ Paid Leave ☐ Unpaid Leave ☐ Other

## Employee's Comments (Optional):

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

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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