

# Leave Request Form

Date of Request:

Employee Name:  
Manager/Supervisor:

Employee #:  
Department:

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## Vacation Details:

Start Date:  
End Date:  
Type of Leave:  
Additional Information:

Total Days Requested:  
If “Other”, please specify:

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## Contact Information:

Phone Number:

Email Address:

## Acknowledgment:

☐ *I acknowledge that my leave request is subject to approval and that the information provided is accurate.*

Employee’s Signature:

Date:

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## Approval Information

Manager’s Name:  
Leave Request Status:  
Manager’s Notes:

Manager’s Signature:  
Date of Approval: