



LEAVE REQUEST FORM

PLEASE SUBMIT COMPLETED REQUEST TO PAYROLL

EMPLOYEE'S NAME	EMPLOYEE NUMBER	DEPARTMENT NUMBER

I am requesting hours or days of leave beginning and returning to work on

Please check all that apply:

With Pay

With out Pay

- | | |
|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> VACATION | <input type="checkbox"/> VACATION |
| <input type="checkbox"/> SICK LEAVE | <input type="checkbox"/> SICK LEAVE |
| <input type="checkbox"/> FAMILY/MEDICAL LEAVE * | <input type="checkbox"/> FAMILY/MEDICAL LEAVE * |
| <input type="checkbox"/> BEREAVEMENT LEAVE | <input type="checkbox"/> BEREAVEMENT LEAVE |
| <input type="checkbox"/> JURY DUTY | <input type="checkbox"/> JURY DUTY |
| <input type="checkbox"/> MILITARY LEAVE * | <input type="checkbox"/> MILITARY LEAVE * |
| <input type="checkbox"/> COMP TIME USED | <input type="checkbox"/> OTHER |

EMPLOYEE'S SIGNATURE	DATE

APPROVED OR **UNAPPROVED WITH EXPLANATION:**

SUPERVISOR SIGNATURE

DATE

*** PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT
PRIOR TO TAKING LEAVE.**