

**REQUEST FOR LEAVE**

Employee Name

Department

Vacation Requested

Dates: \_\_\_\_\_ To \_\_\_\_\_

Or Hours \_\_\_\_\_ on \_\_\_\_\_  
(date)

Sick Leave Requested

Dates \_\_\_\_\_ To \_\_\_\_\_

Or Hours \_\_\_\_\_ on \_\_\_\_\_  
(date)

Other Leave Requested

Dates \_\_\_\_\_ To \_\_\_\_\_

Or Hours \_\_\_\_\_ on \_\_\_\_\_  
(date)

Check one

Jury Duty \_\_\_\_\_ Funeral Leave \_\_\_\_\_

Other Leave

Other (explain) \_\_\_\_\_

Phone Number During Leave

\_\_\_\_\_

Employee Signature & Date

\_\_\_\_\_

Supervisor Signature & Date

\_\_\_\_\_