

# Employee Leave Request Form

Employee Name \_\_\_\_\_ Date \_\_\_\_\_  
Department \_\_\_\_\_ Supervisor Name \_\_\_\_\_

## REASON FOR LEAVE

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Vacation         | <input type="checkbox"/> Civil Leave /Jury Duty        | <input type="checkbox"/> Military               |
| <input type="checkbox"/> Sick - Self      | <input type="checkbox"/> Sick - Family                 | <input type="checkbox"/> Sick – Dr. Appointment |
| <input type="checkbox"/> Worker's Comp    | <input type="checkbox"/> Family and Medical For _____  |   |
| <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Funeral – Relationship: _____ |   |
| <input type="checkbox"/> Other _____      |  |   |

## LEAVE REQUESTED

From \_\_\_\_\_ Time \_\_\_\_\_ a.m/p.m Total Number of Hours Requested \_\_\_\_\_  
To \_\_\_\_\_ Time \_\_\_\_\_ a.m/p.m Total Number of Days Requested \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## SUPERVISOR USE ONLY

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved By:  
Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_