

Employee 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:

- | | | |
|-------------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Paid Leave | <input type="checkbox"/> Unpaid Leave | <input type="checkbox"/> Other |
|-------------------------------------|---------------------------------------|--------------------------------|

Employee's Comments (Optional):

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

Employee's Signature:

Date:

Approval Information

Approved:

☐ YES

☐ NO

Approver's Name:

Position:

Approver's Signature:

Approval Date:

Approver's Comments (Optional):