



## EMPLOYEE LEAVE REQUEST

Employee: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Employee #: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

TIME REQUESTED: \_\_\_\_\_ Hours

Beginning date: \_\_\_\_\_ @ \_\_\_\_\_ Ending date: \_\_\_\_\_ @ \_\_\_\_\_  
month/day/year ex: 8:00 am month/day/year ex: 5:00 pm

**Reason (check one):**

- Leave Without Pay
- Sick
- Vacation
- Family Medical Leave
- Funeral/Bereavement
- Jury Duty
- Other: \_\_\_\_\_

*I certify that the above information is accurate, and I understand that this request is subject to approval by management and company's policies.*

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

APPROVED:  YES  NO

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_