

# EMPLOYEE LEAVE REQUEST FORM

Entered \_\_\_\_\_

No more than one week may be placed on this form

In the case of sick leave or emergency leave, this form must be completed and returned to your supervisor on the first day you return to work following an absence.

**LEAVE FORMS FOR SUCH LEAVE AS VACATION, PERSONAL, ETC., WHICH IS NOT AN EMERGENCY MUST BE COMPLETED, APPROVED, AND RETURNED TO HUMAN RESOURCES PRIOR TO THE ABSENCE.**

Employee's Name (Print and Sign) \_\_\_\_\_

Department \_\_\_\_\_ Today's Date \_\_\_\_\_

<u>DAY</u>	<u>DATE</u>	<u>NUMBER OF HOURS</u>	<u>REASON: Vacation, Sick, Personal, Jury, School Trip, etc</u>
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
*****	<b>TOTAL HOURS</b>		*****

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

Leave will be considered approved as listed above unless circled here:

**NOT APPROVED**

**PLEASE LEAVE BLANK---FOR HR OFFICE USE ONLY**

\_\_\_\_\_ HOURS VACATION LEAVE

\_\_\_\_\_ HOURS SICK LEAVE

\_\_\_\_\_ HOURS PERSONAL (REDUCES SICK) LEAVE

\_\_\_\_\_ HOURS OTHER LEAVE \_\_\_\_\_

\_\_\_\_\_ HOURS LEAVE WITHOUT COMPENSATION – Amt \$ \_\_\_\_\_ / HR

\$ \_\_\_\_\_ TOTAL

