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| --- |
| **Leave Request Form** |
|  |
| Employee Name:  |  |  | Position: |  |
| Employee #:  |  |  | Department: |  |
|  |  |  |  |  |
| **Duration**: |
| Starting Date:  |  |  | End Date: |  |  | Total Leave Days: |  |
|  |  |  |  |  |  |  |  |
| **Reason for Leave:** |
|[ ]  Vacation Leave |[ ]  Bereavement Leave |[ ]  Volunteer Time Off (VTO) |
|[ ]  Sick Leave |[ ]  Sabbatical Leave |[ ]  Other (please specify) |
|[ ]  Personal Leave |[ ]  Military Leave |  | [Your specific reason here] |
|[ ]  Family Leave |[ ]  Jury Duty Leave |  |  |
|[ ]  Parental Leave  |[ ]  Compensatory Leave  |  |  |
|  |  |  |  |  |  |
| **Code Time As:** |
|[ ]  Paid Leave |[ ]  Unpaid Leave |[ ]  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): |
|  |
|  |

