

SAMPLE LEAVE REQUEST FORM

(PLEASE PRINT)

Date: _____

Employee name: _____

Job title: _____ Department: _____

REASON FOR LEAVE:

_____ Personal leave
_____ Pregnancy Disability
_____ Military
_____ Jury duty
_____ Family leave:
 Personal (attach Dr.'s note with brief explanation)

_____ Death in family
_____ Training/conference
_____ Vacation
_____ Volunteer time

_____ Family member (attach Dr.'s note with brief explanation)

_____ Other (explain) _____

LEAVE REQUESTED:

From: _____ To: _____ Total number of hours requested: _____

From: _____ To: _____ Total number of days requested: _____

Employee Signature: _____ Date: _____

I recommend that this leave be approved: _____ Yes _____ No _____ Paid _____ Not Paid

Supervisor's Signature: _____ Date: _____

TIME AVAILABLE:

Vacation time available: _____ Sick time available: _____

PTO available: _____ Holiday time available: _____

RETURN FROM LEAVE:

If medical in nature, attach physician's release to work

Absent From: _____ To: _____ Total number of hours/days absent: _____

_____ Resumed work part-time _____ Resumed work full-time

_____ Resumed work with modified duty (explain and attach copy of Dr. restrictions)