



Leave Request Form

Please indicate below the leave time requested. (Check One)

- VACATION LEAVE
- SICK LEAVE
- COMP TIME
- INJURY LEAVE (WORK RELATED INJURIES SEE HR)
- MILITARY LEAVE (PLEASE ATTACH COPY OF MILITARY ORDERS)
- JURY DUTY (PLEASE ATTACH COPY OF JURY DUTY NOTICE AND COURT TIME ATTENDED)
- ADMINISTRATIVE LEAVE (STRAIGHT TIME)
- BEREAVEMENT
- BIRTHDAY (HERITAGE DAY)
- PERSONAL DAY (2 DAYS – ANNUAL)

Employees requesting time off must give supervisor enough notice to ensure coverage is available in their absence. Last minute request for time off requires an explanation (explain below)

I request _____ hours of leave as indicated above beginning on

_____ and ending on _____
(Date and Time) (Date and Time)

(Employee Signature)

(Date)

(Department Head / Supervisor Signature)

(Date)

Please check one below:

- Leave Approved
- Leave Not Approved

Reason leave not approved?

