

Leave Request Form



Date: _____

Employee Name _____ Title/Position _____

Department _____ Reports to _____

Status: Full-time Part-time Employee Payroll No. _____

Hire Date: _____

I request the following leave

From:		To:		<input type="checkbox"/>	Annual Leave
From:		To:		<input type="checkbox"/>	Sick Leave (attach physician's note if required)
From:		To:		<input type="checkbox"/>	Family & Medical Leave (attach FMLA request) <small>Request for Family or Medical Leave should be made; if practical, at least 30 days prior to the date the requested leave is to begin.</small>
From:		To:		<input type="checkbox"/>	Maternity/Paternity Leave (attach documentation)
From:		To:		<input type="checkbox"/>	Bereavement Leave (attach funeral notice or Memorial brochure)
From:		To:		<input type="checkbox"/>	Leave without Pay (attach physician's statement if medical)
From:		To:		<input type="checkbox"/>	Military Leave (attach copy of orders)
From:		To:		<input type="checkbox"/>	Jury Duty (attach copy of summons)
From:		To:		<input type="checkbox"/>	Civil Duty (attach copy of subpoena)

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Forward all leave request (except Annual and Sick Leave), including required documentation, along with Personnel Action Form, to Human Resources.