LEAVE REQUEST FORM

For all leaves that are foreseeable in nature (i.e. doctor appointment, scheduled surgery, vacation, etc.), this form must be completed and submitted in advance. For sick leave requests that are not foreseeable (i.e. sudden illness), this form must be submitted on the day of return from sick leave. Complete this form for all leave request. Print and sign the form and provide it to the Business Office. Keep a copy for your records.

EMPLOYEE INFORMATION

Name: _____

Today's Date: ____ / ____ / ____ Department: _____
MO DAY YEAR

I hereby apply for: _____ hours of leave

Leave Begin Date: ____ / ____ / ____ Leave Begin Time: _____
MO DAY YEAR (if applicable)

Leave End Date: ____ / ____ / ____ Leave End Time: _____
MO DAY YEAR (if applicable)

TYPE OF REQUEST
Check All That Apply

☐ Sick Leave (Provide reason below)
Reason:

☐ Vacation – Must be pre-approved

☐ Unpaid Leave – Must be pre-approved

I understand that it is my responsibility to monitor my leave balances. I further understand that if I do not have the hours available, I will not be paid for the absence.

_____ _____
Employee Signature Date

_____ _____
Approval Signature Date

_____ _____
Approval Name Title