

Employee Leave Request Form

Employee Name: _____

Date: _____

REASON FOR LEAVE

- Personal Leave Sick Leave
 Unpaid Leave of Absence Civil Leave/Jury Duty
 Funeral - Relationship: _____
 Other: _____

LEAVE REQUESTED

**must be taken in at least 2 hour increments*

- 1 Day 1/2 Day 1/4 Day Other _____ # of Days

**must indicate time(s) gone for partial day in comments section.*

Leave requested for the following dates: _____

Comments: _____

Employee Signature: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

DIRECTOR'S DETERMINATION

- Approved per policy
 Denied

Director's Signature: _____

Date: _____

Comments: _____
